

DOCUMENT RESUME

ED 465 740

SP 040 892

AUTHOR Renfrew, Megan
TITLE Guide to Implementing TAP (Teens for AIDS Prevention). A Peer Education Program To Prevent HIV and STI. 2nd Edition.
INSTITUTION Advocates for Youth, Washington, DC.
ISBN ISBN-0-913843-32-6
PUB DATE 2002-00-00
NOTE 199p.; Written with Kate Fothergill, Debra Hauser, Kayla Jackson, Kent Klindera, and Jennifer Hincks-Reynolds.
AVAILABLE FROM Advocates for Youth, 1025 Vermont Avenue, N.W., Suite 200, Washington, DC 20005. Tel: 202-347-5700; Fax: 202-347-2263; e-mail: info@advocatesforyouth.org; Web site: http://www.advocatesforyouth.org.
PUB TYPE Guides - Non-Classroom (055)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Adolescents; *Community Education; Community Programs; *Comprehensive School Health Education; Financial Support; *Health Promotion; Mass Media; *Peer Teaching; Program Development; Program Evaluation; Secondary Education; Teaching Methods; Youth Programs
IDENTIFIERS Risk Reduction; *Sexually Transmitted Diseases

ABSTRACT

This guide presents steps to implementing human immunodeficiency virus/sexually transmitted infection (HIV/STI) programs in schools, faith communities, AIDS service organizations, and community based organizations. Eight chapters are: (1) "The Need for HIV/STI Prevention Peer Education" (including research findings on peer education); (2) "Building Support for a Peer Education Program" (the importance of laying the groundwork, reasons why teens need HIV/STI education, and arguments to counter possible opposition); (3) "Planning the Program and Finding Funding" (comprehensive planning, budgeting, and finding funding); (4) "Selecting and Training Staff and Recruiting TAP Members" (important qualities to look for in recruiting staff and guidelines for recruiting youth); (5) "Training Youth To Be Peer Educators" (outlines 12 sessions that amount to 22 hours of activities); (6) "Youth Developing Activities To Educate Their Peers" (educational efforts that peer educators can design and implement and approaches to supporting those efforts); (7) "Evaluating the Peer Education Program" (guidelines for assessing program success and a sample evaluation instrument); and (8) "Taking the Message to the Media" (guidelines on how to interact with the media). Two appendixes present resources and useful forms (e.g., sample permission slip, activity planning sheet, and consent to use photograph). (SM)



**Advocates
For Youth**

Rights Respect Responsibility

Guide to Implementing TAP

(Teens for AIDS Prevention)

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL IN
MICROFICHE ONLY HAS BEEN GRANTED BY

Sue Alford

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

2B

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☐ This document has been reproduced as received from the person or organization originating it
- ☐ Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

A Peer Education Program to Prevent HIV and STI

2nd Edition

Advocates for Youth

BEST COPY AVAILABLE

Guide to Implementing TAP

(Teens for AIDS Prevention)

A Peer Education Program to Prevent HIV and STI

2nd Edition

written through a Youth/Adult Partnership –

Megan Renfrew, Intern,

with

Kate Fothergill, M.P.H.

Debra Hauser, M.P.H.

Kayla Jackson, M.P.A.

Kent Klindera, M.P.H.

Jennifer Hincks-Reynolds, M.P.H.

edited by Sue Alford and Ammie N. Feijoo

Advocates for Youth
Washington, DC
2002

© 2002, **Advocates for Youth**

James Wagoner, President

1025 Vermont Avenue NW, Suite 200

Washington, DC 20005

www.advocatesforyouth.org

Phone: 202.347.5700

Fax: 202.347.2263

E-mail: info@advocatesforyouth.org

Advocates for Youth – helping young people make safe and responsible decisions about sex.

Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their sexual and reproductive health. Advocates provides information, training, and strategic assistance to youth-serving organizations, youth activists, policy makers, and the media in the United States and the developing world.

Acknowledgments

The first edition of this manual, *A Guide to Implementing TAP (Teens for AIDS Prevention)*, was developed and written in 1988 for Advocates for Youth by Patricia Dietz with assistance from Geri Peak and Nancy Stella of Advocates' staff. The original program pilot-tested between 1988 and 1990 at six sites with the generous support of AETNA Life and Casualty Foundation, April Trust, The AT&T Foundation, Freed Foundation, Glen Eagles Foundation, Metropolitan Washington Community AIDS Partnership, and the Public Welfare Foundation.

The MF Foundation generously supported the pilot testing of this second edition which is a product of the cooperative work of many members of Advocates' staff. The authors especially want to thank L. Michael Gipson, Jane Norman, Sarita Edwards, and Quanitta Favorite for their time and assistance.

Design by: Kensington Heights Design

ISBN: 0-913843-32-6

[illegible][illegible]

Introduction:

How to Use This Guide

This is a step by step guide to implementing HIV/STI prevention **peer education** programs in schools, faith communities, AIDS service organizations, and/or community-based organizations. The guide can assist planners to develop a program tailored to any of many specific settings. Although each school, community, or agency may differ in structure, this manual identifies and covers the key components essential to creating a successful HIV/STI prevention peer education program. A single program coordinator may plan the program. Better yet, staff and youth may collaborate in planning a program that meets the specific needs of that community's youth. In general, the sections of this guide accommodate varying needs and will guide the planners from beginning to end in implementing a program in schools, agencies, or communities.

Chapter I. The Need for HIV/STI Prevention Peer Education – Reviews youth's need for HIV/STI prevention education and summarizes research findings on the effectiveness of peer education as a means to fulfill that need.

Chapter II. Building Support for a Peer Education Program – Highlights the importance of laying the groundwork for an HIV/STI prevention peer education program in a school or community. Laying the groundwork means presenting the program to influential groups in the community, such as the sponsoring agency's board of directors, the local school board, the parent/teacher association (PTA), directors and/or principals, and affected or involved staff. To help the coordinator become an advocate for the program, this chapter outlines nine reasons why teens need education to prevent HIV and STI and why peer education fills that need. The chapter also presents convincing arguments to counter possible opposition to the program.

Chapter III. Planning the Program and Finding Funding – Focuses on comprehensive planning – from assessing needs and assets to specifying goals and objectives to planning the training of TAP members. The chapter also includes information on budgeting and finding funding.

Chapter IV. Selecting and Training Staff and Recruiting TAP Members – Focuses on important qualities to look for in recruiting staff and provides guidelines for recruiting youth.

Chapter V. Training Youth to Be Peer Educators – Outlines 12 sessions, amounting to about 22 hours of activities that will provide information and skills relating to HIV/STI prevention.

Chapter VI. Youth Developing Activities to Educate Their Peers – Describes some educational efforts that peer educators can design and implement and suggests approaches to supporting their efforts.

Chapter VII. Evaluating the Peer Education Program
– Provides guidelines for assessing the success of the TAP program and a sample evaluation instrument.

Chapter VIII. Taking the Message to the Media – Provides basic guidelines on how to interact with the media.

Appendix – Provides resource organizations and web sites for more information. For the convenience of the program coordinators, all forms contained in this volume – such as permission slips, tests, and data gathering forms – are duplicated in the appendix.

Chapter I.

The Need for HIV/STI Prevention Peer Education

Acquired immune deficiency syndrome (AIDS) is widespread in the United States and affects all sectors of society. By the end of the 20th century, well over one million people in the United States had fallen into one of the three following categories. These people were:

- Infected with human immunodeficiency virus (HIV) – the virus that causes AIDS
- Living with AIDS
- Dead from AIDS or AIDS-related illnesses.

Adolescents account for only a small percentage of reported AIDS cases.¹ However, public health professionals believe that teenagers are at high risk for infection with HIV. Over the last few years the annual number of new HIV infections has risen among youth. Furthermore, because of HIV's long incubation period, most people who have been diagnosed with AIDS while in their twenties—about 17 percent of all AIDS cases—may have been infected with HIV when they were teenagers.

HIV infection has no symptoms and represents a covert threat to anyone of any age. However, the ten-year incubation period makes HIV's invisibility a particularly serious danger for adolescents. Teens characteristically focus principally on themselves and their peers. When they look around, these youth do not see outward signs of HIV infection among their peers. Nor, for the most part, are their peers sick due to AIDS. Consequently, for many teens, HIV is a danger that is easily ignored or dismissed because it is invisible.

Adolescents experience nearly four million of the 15 million cases of sexually transmitted infection (STI) estimated to occur annually in the United States.² The stigma associated with STI often prevents people from discussing STI and from getting treatment when they are infected. Thus, infected people too often transmit STI to their sexual partners, including teens. Some STIs, such as genital herpes

and syphilis, create open sores and may put infected people at higher risk for HIV infection.

Many behaviors put teenagers at risk of HIV/STI. Many teens are sexually active and a large percentage of sexually active teens fail to use condoms consistently and correctly.³ Teens have high rates of STI. In fact, among American females, teens normally have the highest incidence of reported STI. Among males, teens have STI rates second only to males ages 20 to 24.⁴ A small minority of teens inject drugs, but teens commonly report using alcohol and/or non-injection drugs which can inhibit their judgment.⁵ In fact, drug and alcohol use is among a cluster of risk behaviors, including unprotected sexual intercourse, that teens frequently report.⁶

The association between disadvantage on the one hand and HIV infection on the other is evident from the statistics. For example, in the United States, more than 50 percent of all adolescent AIDS cases occur among female teens, and the overwhelming majority of these cases occur among African Americans and Latinas.¹ Youth are at risk for HIV infection, and youth of color, regardless of gender or sexual orientation, are at *disproportionate* risk of HIV infection.

For current information on the incidence of sexual intercourse, condom use, and sexual risk behaviors among youth, contact the following organizations:

- **Advocates for Youth** – www.advocatesforyouth.org
- **CDC National STD & AIDS Hotlines** (operated under contract by the American Social Health Association) – 1.800.342.2437 or 1.800.227.8922 (English, 24 hours a day, seven days a week); 1.800.344.7432 (Spanish, 8:00 a.m. to 2:00 p.m., seven days a week); or 1.800.243.7889 (TTY; 10:00 a.m. to 10:00 p.m., Monday-Friday)
- **American Social Health Association** – www.ashastd.org
- **UNAIDS, the United Nations Joint Programme on AIDS** – at www.unaids.org
- **World Health Organization** – www.who.int

The Rationale for Peer Education

Peer education programs can be a powerful approach to educating youth and changing their attitudes. Some studies indicate that teenagers receive most of their information about sexual expression from other youth and the media and that peer influence becomes increasingly important as adolescents mature.⁶⁰ Peers are an important aspect of an adolescent's transition to adulthood. As youth move away from dependence on the family, closer ties with their peers give youth the social support they need during these transition years. In other words, the peer group assumes increasing importance as teens move to establish independence from their families. Peers provide a stabilizing influence and a source of behavioral support and standards within the safety of a group. Studies show that adolescents who believe that their peers are practicing safer sex are more likely to do the same.⁶¹

The peer group is highly important in influencing adolescents' values and behaviors. In one study, urban youth said they would be more likely to listen to and believe information about AIDS from an HIV-infected youth than from an older or even a famous person.¹¹ Research suggests that when HIV/STI prevention information comes from their peers, adolescents are more likely to participate in discussions about infection and are also more likely to see HIV infection and AIDS as personal dangers than when the same information is presented by adults.¹⁰ One study on condom use among adolescents found that teens' perceptions of other teens' condom use was the best indicator for determining their own condom use.¹²

Peer-based interventions can enhance HIV knowledge and reduce risk behaviors. One study found that peer-based interventions decrease the incidence of unprotected sexual intercourse, the frequency of sexual intercourse, and the number of teens' sexual partners. The study also found that peer-based interventions increase teens' acquisition and use of condoms.¹¹

Peer-based programs will work in a variety of settings. One evaluation of a family planning clinic's

program found that peer counselors were more effective with teenage clients than were adult counselors in delivering educational and counseling services to prevent unwanted teenage pregnancy. Between the initial and return visits, teenage clients' contraceptive use increased 40 percent among those counseled by their peers. Among teenage clients served by adult professionals, the increase was only ten percent.¹⁴ Peer education is also a good way to reach the youngest and least educated teens. In one study, teens who actively sought out peer counselors were often younger and had lower levels of education compared to other teenage clients.¹⁵ Another study found that peer counselors were more effective than nurses in improving sexually active adolescents' use of oral contraception.¹⁶

Social learning theory emphasizes that similarities in age and interests between those giving and those receiving educational messages will increase the persuasiveness of the messages. Empathy and a perception that peers share similar life experiences may also be critically important in the success of strategies to change attitudes and behaviors.¹⁰ Thus, peer educators can have genuine advantages over professionally trained adults in dealing with teens.

When the peer educators in Advocates for Youth's original TAP program were asked why they believed peer education to be an effective approach to HIV/STI prevention with adolescents, they responded that peer educators:

- *Relate to other teens on their own level*
- *Talk about problems that affect teens*
- *Make new friends*
- *Explore new frontiers with their peers*
- *Let people in power know youth's point of view*
- *Have fun*
- *Bring essential information to other youth*
- *Help adults understand the way teens think and act.*

This guide presents an HIV/STI prevention peer education program (hereafter, TAP).⁴

The overall goal of TAP is to promote positive changes in youth's norms related to sexual expression in order to prevent infection with HIV and other STIs.

Once trained, TAP members design activities to achieve *three important goals*:

- Encourage teens to make safe and responsible decisions about when it is right for them to have sex.
- Encourage sexually active teens to adopt safer sex behaviors, including consistent and correct condom use.
- Encourage sexually active teens to limit the number of their sexual partners

During the design of the original TAP program, Advocates for Youth conducted focus group research among urban teens to examine their knowledge and attitudes about HIV/AIDS.¹¹ Key findings that emerged from that research were critical in the formation of the original TAP program. Published research in the scientific literature continues to validate the findings of those early focus groups.

- Behaviors that place teens at risk for HIV and STI are sometimes associated with negative peer pressure or with perceptions that "everyone" is having sexual

intercourse. The TAP program provides teens with positive peer support, acceptance, and respect in their efforts to prevent transmission of HIV/STI. Advocates' staff has completely updated the original

program. This revised *Guide* includes new activities and training recommendations as well as current information and sources for statistics.

Endnotes:

1. Centers for Disease Control & Prevention. *HIV/AIDS Surveillance Report* 1999;11(1):1-43.
2. American Social Health Association. *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?* Research Triangle Park, NC: The Association, 1998.
3. Centers for Disease Control & Prevention. Trends in sexual risk behaviors among high school students, 1991-1997. *MMWR* 1998;47:749-752.
4. Division of STD Prevention. *Sexually Transmitted Disease Surveillance*. 1996. Atlanta, GA: Centers for Disease Control & Prevention, 1997.
5. Kann L, Kinchen SA, et al. Youth risk behavior surveillance, United States 1997. *MMWR CDC Surveillance Summaries* 1998;47(SS-3):1-89.
6. Alford S. *Substance Use among Youth*. [The Facts] Washington, DC: Advocates for Youth, 1996.
7. Hoyert DL, Kochanek KD, Murphy SL. Deaths: final data for 1997. *National Vital Statistics Reports* 1999;47(19):1-104.
8. Strouse J, Fabes R. Formal versus informal sources of sex education: competing forces in the sexual socialization of adolescents. *Adolescence* 1985;20:269-270.
9. Jay S, DuRan R, et al. Effect of peer counselors on adolescent compliance in use of oral contraceptives. *Pediatrics* 1984;73:26-31.
10. Stevens J. *Peer Education: Promoting Health Behaviors*. [The Facts] Washington, DC: Advocates for Youth, 1997.
11. Center for Population Options. *Focus Group Research Results: Adolescent HIV Knowledge, Attitudes, Behavior*. Spring, 1988. Washington, DC: Advocates for Youth, 1988.
12. DiClemente R. *HIV Infection and Youth: the Greatest Challenge of All*. Presentation at HIV Conference in Washington, DC, April 1989.
13. Jemmott JB, Jemmott LS. Behavioral intentions with heterosexual adolescents. In: *NIH Consensus Development Conference on Interventions to Prevent HIV Risk Behaviors*. Bethesda, MD: National Institutes of Health, 1997.
14. Kar S, Talbot J, et al. *Peers as Health Promoters among Adolescents*. Presentation at the 14th Annual Psychological Workshop in San Francisco, CA, April 1986.

Chapter II.

Building Support for a Peer Education Program

Peer education is widely recognized as a useful and credible way to reach young people with important information. While peer education does not usually cause much concern among adults, young people's involvement as HIV/STI prevention educators may cause concern and provoke controversy. Those planning any HIV/STI prevention peer education program, including TAP, should remember that some individuals within the school, faith community, or agency may feel concern about utilizing youth as HIV/STI prevention educators of their peers.

The issues or concerns about youth's involvement may differ, however, depending upon the setting. For example, adults working in schools may have different

concerns than those working in religious institutions, youth groups, shelters, or other community-based organizations. Adults working in different settings may also have varying ideas about the feasibility of a TAP program. This chapter can help planners to develop a solid rationale for a TAP program as well as to anticipate and respond to the concerns of members of the particular community that will host a TAP program. The chapter presents

- A. Guidelines for building support
- B. Nine reasons why TAP meets teens' need for HIV/STI prevention education
- C. Convincing arguments to counter possible opposition to the program.

A. Building Support

Regardless of the prospective setting, planners will need to identify and persuade key people whose support is necessary in order to move ahead with a TAP program. Planning and implementing TAP will be much easier with approval from those in authority in the school or organization. Planners should be aware of potential allies *and* potential opponents – those who can make and break a program. In schools, these players could include the superintendent, the principal, school board, leaders of the PTA, parents, and teens. In faith communities, powerful players could include the priest, minister, rabbi, or imam and his/her staff, lay leaders, and members of the governing board of the synagogue, mosque, or church. For community-based agencies, the list could include the executive director, the board of directors, staff, involved youth, parents, and members of the community.

Four guidelines form the basis of an effective strategy to build support for a TAP program:

- Know the community.
- Involve youth from the beginning.
- Know the informal and formal approval process within the chosen setting.
- Inform affected staff.

1. Know the community. To effectively build support for a TAP program, planners should involve community and parent groups from the outset. Planners need to know the answers to the following questions:

- What other HIV/STI prevention education programs exist in the local community?
- How does the community perceive those programs?
- Which community planning groups should be included in the planning?

Planners can contact the local HIV/STI Prevention Community Planning Group, established under the Ryan White CARE Act, for help in identifying other HIV/STI prevention education programs in

the community and for support in establishing a TAP program. In a school setting, planners must also explore the possibility of peer education with school officials and the PTA. Will they support HIV/STI prevention education that involves youth as peer educators? When community and parent groups are involved from the outset, planners will encounter fewer obstacles to success. Equally important, planners will discover that the program can have powerful, effective support from enthusiastic parents and community members.

2. Involve youth from the beginning. This program is for youth. It will fully meet their needs only if they are meaningfully involved from the beginning. Youth can speak powerfully and effectively to those who need to approve the program, such as principals and board members. Youth can make the case for the program to affected staff. Youth can give voice, vision, and form to a program that is meant for them. Youth can enroll other youth and their parents in efforts to build community support for an HIV/STI prevention peer education program – for TAP.

3. Know the informal and formal approval process for programs within the chosen setting. Understanding the process will permit planners to avoid unnecessary struggles, delays, and setbacks.

- Must the board of directors or school board approve programs before they can be implemented?
- Must the director or principal approve an idea before it can go to the board of directors or school board? Is any other person's prior approval necessary?
- If the board must approve, what is the view of the group as a whole on HIV/STI prevention education?
- What are the views of the individual members of such a board?
- Is there a core group of individuals who are strongly committed to HIV/STI prevention education? Who are they? Will they actively support the program and speak out in its favor?
- Is there a core group of individuals who oppose

education about sexuality and HIV/STI? Who are they? With whom can planners work to counter or overcome this expected opposition?

- What will appeal to uncommitted members — hard data or vision? Be ready to present either the vision or the data or both as you speak with uncommitted individuals on the board.

Knowing who will help, who will hinder, and who must be convinced will simplify the approval process for program planners.

- 4. Inform affected staff.** Plan to educate all staff who will come into contact with the project. Talk with them and give presentations at staff meetings. Offer interested teachers, counselors, and/or agency staff opportunities to become involved in the program. The original planner needn't do all the work alone. In fact, the program will be better – more culturally relevant, lively, and individual – if interested youth and adults are involved in its planning, design, and implementation. Their ideas and enthusiasm can help build the program into one that is strong, effective, and lasting.

B. Nine Reasons Why Youth Need HIV/STI Prevention Education and How TAP Fills Those Needs

Adult and youth planners should make presentations – whether to board, staff, youth, parents, community members, or others – that are informed, persuasive, and informative. Presentations should speak to the need for the program, its cost-effectiveness, and the positive outcomes that TAP may provide. The bullets that follow present information on behaviors of youth that put them at risk for HIV and/or STI, on the value of HIV/STI prevention peer education, including TAP, and on the needs of youth that TAP can meet. These points can form the basis for powerful presentations.

1. Adolescents are at risk for HIV/STI because many of them engage in sexual intercourse, and many do not use condoms.

The statistics vary slightly from year to year.

- Nevertheless, about half of all U.S. high school youth report having ever had sexual intercourse – from less than 40 percent of those in 9th grade to over 60 percent of those in 12th grade.¹
- Some demographic subgroups of youth report higher rates of sexual activity than do other groups. For example, African American high school youth frequently report higher rates of sexual activity than Hispanic youth.¹
- A small but significant minority of sexually experienced high school youth – usually less than 20 percent – reports having had sexual intercourse with four or more partners. By their early twenties, the percentage of youth reporting four or more lifetime partners rises.^{1,2}
- While many youth engage in sexual intercourse, many do not use condoms. Studies show that from 40 percent to 60 percent of sexually active U.S. youth (varying by gender and race/ethnicity) report no condom use at most recent intercourse.

2. Drug use puts some adolescents at risk for HIV/STI.

- While injecting drugs provides the most direct transmission route for HIV, the use of non-injection drugs and alcohol may impair a person's willingness and ability to use condoms or to take other precautions while having sexual intercourse. Some illicit drugs, such as crack and ecstasy, may increase users' desire to have sexual intercourse.
- Youth may engage in multiple risks. In one study, students who drank frequently, smoked cigarettes, and/or used marijuana were two to three times more likely to be sexually active than students who did not use substances. They were also more likely to report multiple partners than those who never drank.⁴
- Among high school students surveyed in the late 1990's, around 80 percent reported some use of alcohol. At the same time, about one-fourth of young women and one-third of the young men reported heavy episodic drinking and similar proportions reported marijuana use.⁵
- In the same survey, about two percent of U.S. high school students reported having injected drugs, and about eight percent reported ever using cocaine.⁵ Although heroin and other drug use is undocumented among out-of-school youth, some experts believe that the rates may be considerably higher than among in-school youth.

3. Adolescents are at risk for HIV/STI because of the stage of their psychological development.

- Adolescence is a time of physical and psychological growth, and the developmental characteristics of adolescence may put teenagers at risk for contracting HIV/STI. For example, feelings of invulnerability and an inability to think abstractly characterize some stages of adolescence. These developmental characteristics increase teens' need for factual information and risk reduction skills.
- Teens need both information and skills. Many teens need to learn new sexual health attitudes. Youth

also need the skills to enable them to act on those attitude changes. TAP members deliver information and skills to other teens through creative, interactive exercises and activities that have the power to change youth culture in a school or in a community.

4. AIDS cases have been reported in every state. While not every community has been dramatically affected by HIV or AIDS, it is highly probable that a parent, teacher, or youth – or someone well known to them – has been or will be infected with HIV. Adults and youth must be prepared to deal with the situation when it happens. TAP helps educate youth and staff.

- The saying that an ounce of prevention is worth a pound of cure is nowhere more relevant than in the world of HIV prevention. Yet, human nature means that many people will not feel compelled to take precautions against HIV until personally affected by the consequences of not taking them. For example, a former Director of the United States Office of Personnel Management released a workplace policy on HIV/AIDS only after her son was greatly touched by getting to know a teacher with AIDS.
- HIV infection and AIDS will affect every school or agency – even if they haven't yet. All agencies and schools should have a policy setting forth a compassionate, caring response to HIV seropositivity in staff, students, and clients. The policy should also emphasize a commitment to HIV/STI prevention education. Implementing TAP means that a school or agency is powerfully committed to HIV/STI prevention education for young people.

- 5. HIV/STI prevention education is currently the only way to curb the spread of HIV among youth.**

There is no cure for HIV infection or for AIDS. Experts estimate that the world is years away from development and approval of a viable preventive vaccine. However, we do know how to prevent infection with HIV. Everyone who has significant contact with any young person should make sure that youth receives both

- Correct information about HIV and other STIs, including ways to protect against infection
- Opportunities to practice and improve skills in communication, negotiation, and refusal as well as in how to use condoms.

6. One of the most effective approaches for communicating essential HIV/STI prevention information to youth is teens talking with other teens.

- Teens often ask their friends health questions before—or instead of—asking their parents, teachers, or other adults in their lives. In fact, many teens have said that they would most likely seek HIV/STI prevention information from someone their own age.⁶

7. TAP builds self-esteem among TAP members who earn their peers' respect because of the work they are doing.

- When youth participating in TAP perform street theater or make educational presentations on HIV/STI prevention before their peers, they earn other youth's respect. They become leaders. As TAP leaders receive positive reactions from their peers, their self-esteem increases. This enhanced self-esteem is most often noticeable among the youth having the least self-confidence when they entered the program.⁶

8. Through teens, parents may become more knowledgeable about HIV/STI and AIDS, and communication between adolescents and parents may improve.

A TAP program involves parents in several ways. Parents may:

- Grant permission for teens to participate in the program
- Participate in at least one training exercise when teens interview their parents or other family members on their knowledge and attitudes about HIV/STI
- Learn more about HIV/STI and AIDS when teens share the information that they have learned during the program
- Attend presentations by the TAP members.

Finally, planners should remember that TAP is an excellent way to provide youth with the information and skills they need to protect themselves against infection with HIV and other STI. In fact, the original TAP won the American Medical Association's 1990 *Award for Excellence in Prevention* in the area of HIV/AIDS and adolescents.

C. Ten Common Arguments Against Implementing TAP and Suggested Responses

In order to advocate effectively for a TAP program, planners must be able to anticipate and respond to objections. Ten commonly heard objections and possible responses are listed here.

Objection 1 – Sexuality education encourages teens to have sexual intercourse.

Response – Research does not support this commonly heard and hotly argued point. In 1993, an extensive review of existing research found that sexuality education did not lead to earlier or increased sexuality activity.⁷ In fact, the study found sexuality education that included information about contraception actually delayed the onset of sexual activity, decreased overall sexual activity, and/or increased the adoption of safer practices by sexually active youth.⁸ Moreover, prominent scientific and medical organizations, such as the Institute of Medicine, flatly refute this argument.⁹

Objection 2 – Adolescents are not at risk for developing AIDS. It's a disease of adults.

Response – It is true that only a small percentage of AIDS cases occurs among teens. However, the real danger to teens is infection with HIV, the virus that attacks the immune system and eventually causes AIDS. Approximately 17 percent of AIDS cases are among those ages 20 to 29.⁹ The lengthy period between HIV infection and onset of AIDS – as much as 10 years – means that many of the young people in their twenties who are living with AIDS were probably infected with HIV when they were teens.

Objection 3 – Parents will not support this program. It's too controversial.

Response – A 1999 Advocates for Youth/SIECUS poll found that 93 percent of adults support the teaching of sexuality education in high schools, while 84 percent support sexuality education in

middle/junior high schools.¹⁰ Another study showed that 79 percent of adults favor television advertising to promote condoms for HIV/STI prevention.¹¹

Objection 4 – This school already provides ____ (fill in the blank) hours of HIV/STI prevention education in ninth grade health class. Therefore, we have no need for this program.

Response – The majority of adolescents receive some form of sexuality education in school, yet very few receive comprehensive sexuality education, which is proven to be more effective. Students need to learn HIV/STI prevention education within a larger context that includes making decisions, setting goals, and exploring values and gender roles. Students also need factual information about reproduction, physiology, contraception, and sexually transmitted infections. They cannot get this in one, two, or a few hours. The TAP training component provides the larger context and provides ongoing reinforcement of important HIV/STI prevention skills and information. Adults wouldn't expect youth to receive all they would ever need to know about writing in a one-hour class in ninth grade. Why should anyone expect it about HIV/STI prevention?

As TAP members develop and implement educational activities for their fellow students, members and other youth receive both encouragement and support in avoiding risk behaviors for HIV infection.

Objection 5 – This organization provides _____ (outdoor, recreational, sports, etc.) activities for youth. It is not in the business of offering other types of programs.

Response – Community-based organizations are ideally situated to reach and engage youth who are frequently overlooked by other institutions – such as homeless youth, immigrant youth, and youth whose culture, race/ethnicity, or sexual orientation puts them at a disadvantage in dealing with local institutions. All youth need education about how to prevent HIV/STI because prevention directly relates to their physical well being. Wherever possible,

organizations should join in a community-wide HIV/STI prevention effort so all teens can hear consistent messages from numerous sources. At the very least, this organization has an opportunity to reach some youth that urgently need this program. To do less is to turn our backs on a critical situation facing the youth we care about.

Response – We can integrate a TAP program into our current programs. The staff time needed to implement TAP is about 25 percent of a full-time position. Volunteers, including youth, from the community can do some of the training, oversee program development, and/or coordinate youth-led educational activities. If the organization will commit to hosting the program, we can find the resources for making TAP happen.

Response - Sexuality education programs that are comprehensive and that incorporate interactive exercises have been shown to be successful in changing sexual risk behaviors. TAP has been tested using a pre- and post-test experimental design. Evaluation of TAP found that the TAP training increased TAP members' knowledge, changed their behavioral intentions to use condoms, and increased their sensitivity toward persons living with AIDS.¹¹

Although designers intend TAP ultimately to lead to healthy sexual attitudes and behaviors among all the youth reached by TAP members, program planners and sponsors must not expect immediate behavioral change among the target population. Rather, the TAP program alerts teens to their need to protect themselves from HIV/STI. Anyone – of any age, sex, race/ethnicity, or sexual orientation – can become infected. Promoting healthy behavior among youth begins with changing youth's

Response – American society too often describes adolescents negatively – as misguided, out of control, or self-absorbed. Yet, this stereotype overlooks the many powerful, positive qualities of teens: their loyalty, altruism, energy, leadership, and idealism. Adults perform a disservice to youth when they fail to recognize teens' positive, important qualities and to empower youth to put their abilities to the service of the community. In fact, the very youth labeled *troublemakers* frequently become the most effective peer leaders. They already have solid leadership skills that other youth recognize. When those skills are applied to a positive goal and the issues involved are ones that personally affect them and their friends, these youth become powerful peer leaders for positive change.

*We aren't special youth. We have been given the opportunity to become involved in our school and our community. We have been encouraged to take control of the HIV/STI prevention education activities. Youth need the opportunity to create our own programs, and when given that opportunity, we can do great things!*⁶

Response – Youth care. They care a great deal, and they are interested. However, youth generate the most excitement and energy about a program that meaningfully involves them – not just as audience, but as designers, creators, managers, and performing artists.

Planners should include youth in the planning from the beginning. Then, the youth will participate in crafting an exciting, exuberant, creative program.

Planners should also remember that youth have serious practical concerns and little money. After school, they are hungry, and the program should provide them with drinks and food. If youth have to travel to the program, they may need immediate reimbursement to cover their travel expenses. If interested youth need to work at a paying job after school and on weekends, then creative planners will build in flexibility to meet the time and energy constraints on the youth. Having other teens do the recruiting – through presentations, by word of mouth, or by developing creative flyers – will also encourage other teens' interest. Personal testimony from one teen to another is very powerful. Teens can always explain why becoming involved in TAP is worth another teen's valuable time.

Objection 10 – Teens will not listen to other teens because they have no authority.

Response – Some teens may initially think, “Why should I listen to you? You don’t know any more than I do.” But when teens have been trained in HIV/STI prevention and in public speaking, other teens listen. Confident teens quickly gain respect and attention when they speak directly to other teens and give them correct information. Teens gain more from HIV/STI prevention education that is peer-led than from education led by adult.¹²

Endnotes:

1. Youth risk behavior surveys. *Morbidity and Mortality Weekly Report, CDC Surveillance Summaries*. [Annual report] Atlanta, GA: Centers for Disease Control and Prevention.
2. Alan Guttmacher Institute. *Sex and America's Teenagers*. New York: The Institute, 1994.
3. _____. Trends in sexual risk behaviors among high school students, 1991-1997. *MMWR* 1998;47:749-752.
4. Graves KL, Leigh BC. The relationship of substance abuse to sexual activity among young adults in the United States. *Family Planning Perspectives* 1995;84:1116-1120.
5. Kann L, Kinchen SA, et al. Youth risk behavior surveillance, United States, 1997. *MMWR CDC Surveillance Summaries* 1998;46(SS-3):1-89.
6. Center for Population Options. *Focus Group Research Results: Adolescent HIV Knowledge, Attitudes, Behavior*. Washington, DC: Advocates for Youth, 1988, and Advocates for Youth. *Research results*. Washington, DC: The Author, 1998.
7. _____. *State of the Nation: Adolescent Sexual Education Lead to Earlier or Increased Sexual Activity in Youth?* Presentation to the IXth International Conference on AIDS, Berlin, 6-10 June, 1993. Geneva, Switzerland: World Health Organization, 1993.
8. Committee on HIV Prevention Strategies in the United States. Institute of Medicine. *No Time to Lose: Getting More from HIV Prevention*. Washington, DC: National Academy Press, 2000.
9. Centers for Disease Control & Prevention. *HIV/AIDS Surveillance Report* 1999;11(1):1-42.
10. Hickman-Brown Public Opinion Research. *Overview of Research Results [on Sex Education. Report to SIECUS and Advocates for Youth]*. Washington, DC: Hickman-Brown, 1999.
11. Buchta RM. Attitudes of adolescents and parents of adolescents concerning condom advertisements on television. *Journal of Adolescent Health Care* 1989;10:220-223.
12. Stevens J. *Peer Education: Promoting Healthy Behaviors*. [The Facts] Washington, DC: Advocates for Youth, 1997.

Chapter III

Planning the Program and Finding Funding

From the outset, young people should participate in designing the program and should be consulted about all aspects of the program and its intended outcomes. Only youth themselves can answer the fundamental question as to whether a TAP program is something youth really want and want to do.² Forming youth-adult partnerships – in which young people are equal team members with adults – is vital to the success of a TAP program.

Once support for TAP has been established within the school, community, or organization, it is time to plan the program itself and to plan for its implementation and administration. Planners - including youth - will need to focus at this point on four major objectives:

This chapter concentrates on the first two of the objectives. It provides guidelines for the individual(s) or group(s) responsible for each objective. Chapter IV focuses on objectives three and four – selecting and training staff and recruiting youth to become TAP members.

Before you begin planning the program, be sure to read chapters I, II, III, IV, and VII in their entirety. Reading these chapters *first* will help you understand the planning process and avoid pitfalls to creating a successful peer education program.

1. Developing a comprehensive working plan for TAP
2. Identifying and achieving support and funding for TAP
3. Selecting and training staff
4. Recruiting youth to become peer educator TAP members.

- It will emphasize elements and approaches that fit the community and the youth who will be trained and educated through the program.
- It will provide a broad overview of the program and what it intends to achieve.
- It will place each stage of the program within a time frame.
- It will clearly identify the goals and objectives of the program and define aspects of the program for evaluation.

A. Assessing the Needs and Assets of Youth in the Community for HIV/STI Prevention

D. Identifying Budgetary and Resource Needs

Again at this point, be sure that youth are among the planners and will participate actively in all aspects of developing the working plan. Developing the comprehensive plan is a large task. The initiating planner may want to assemble a team to work on this first objective. If youth are not already involved, this is the time to recruit a few young people to work as a team with adults to plan and carry out the needs and assets assessment and to develop goals and objectives for the program. Youth should also participate in developing the comprehensive plan of activities and the timeline, identifying budget and resource needs, and in plan-

A. Assessing the Needs and Assets of Youth in the Community for HIV/STI Prevention

For the most part, planners may already be aware of issues and circumstances that make HIV/STI prevention education important for the community's youth. Nevertheless, real data – statistical data as well as data from focus group research – will ensure that the program doesn't focus on adults' *perceptions* of need rather than on youth's genuine need. It will also help planners to utilize the assets of youth and the community in the TAP program. Finally, baseline data is essential to assessing the effectiveness of a TAP program. Baseline data may also be essential in later years for securing funding that will be available *only* if the program's effectiveness can be firmly demonstrated.

[illegible]

Steps to Success: The Community-Based Needs and Assets Assessment

- Carefully define the parameters of the community. Is the community defined by geographical area (e.g., zip code, neighborhood, town, or county) or by non-geographical characteristics (e.g., culture, language, age, socioeconomic status, or grade level)?
- Determine the availability and specificity of baseline data. Is data available for the specific community? If not, can the team assess the extent of needs and assets in other ways?
- Actively engage community members, including formal and informal leaders among the youth, parents, teachers and/or program workers into the needs and assets assessment process. Community members will help to identify the critical questions that the assessment will aim to answer, develop approaches to data collection, and gather the information.
- Use a variety of data collection strategies, including existing community data sources as well as complementary qualitative approaches – focus-group research and in-depth interviews – to assure a comprehensive picture of the community the TAP program will serve.
- Enlist skilled, trained individuals to conduct the assessment process and interpret the data. Graduate students in a local university may be willing and able to assist with this phase of planning.
- Obtain the cooperation of key individuals, such as parents, school administrators, and school board or agency staff, in collecting the information.
- Be sensitive to concerns about confidentiality of the information. Be sensitive and wary about the potential negative uses of the information gathered.
- Ensure that the needs assessment is broad in scope and reaches beyond HIV prevention itself to include youth development and the community context of young people's lives.

Source: Brindis CD, Pittman K, Reyes P, et al. *Adolescent Pregnancy Prevention: A Guidebook for Communities*. Palo Alto, CA: Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1991.

In regard to the community's youth, the following questions can help the assessment team to identify important needs and/or assets of the youth that the TAP program will target. They may also help the team determine which youth in the community the program will target.

Who Are the Youth TAP Will Serve?

- What is the ethnicity of the youth in the targeted community?
- What is their general economic status?
- What are their ages? Will the program target a specific age group (such as those ages 13 to 15) or a general age group (such as all teenagers)?
- How many of the target audience are enrolled in school? In other words, what proportion of the youth are out of school?

[illegible]

19

[illegible]

- Are young people involved in the street traffic of drugs?
- What are the rates of pregnancy, birth, and STI among youth in the community?

City, state, and community agencies are good sources for answers to at least some of these questions. Remember that baseline data is essential for effective planning, successful evaluation, and future funding.

B. Setting Goals and Objectives for the TAP Program

Remember that TAP's overall goal is –

To promote positive changes in youth's norms related to sexual behavior to prevent infection with HIV and other STI.

To achieve this goal, TAP trains youth to become knowledgeable and sensitive HIV/STI prevention educators who are skilled at communicating accurate information to their peers. Once trained, TAP members design activities to achieve three important goals. Peer-led HIV/STI prevention education should encourage:

- Each teen to make safe and responsible decisions about when it is right for him/her to have sex
- Sexually active teens to practice safer sexual behaviors, including consistent and correct condom use
- Sexually active teens to limit the number of their sexual partners.

TAP, therefore, must be flexible and fit the needs of specific groups of youth. It accomplishes this, in part, by encouraging each planning team to select and implement program-specific goals and objectives.

*Write the program's specific goal statement to reflect the population **this** TAP program will serve. All TAP programs provide peer-mediated HIV/STI prevention education. The individual program's goal(s) should reflect the youth it will reach – whether all students at Hometown High School, the members of Our Own Youth Club, the youth served*

at the Main Street Gay and Lesbian Support Center, or youth gangs in Somewhere, This Country.

Example:

Hometown High School's TAP Program will provide peer-led HIV/STI prevention education to achieve positive sexual health behavioral norms among all ninth and tenth graders in Hometown High School.

State the program's objectives. Setting explicit objectives is an important part of the planning process. *Process objectives* identify the tasks and milestones to be accomplished in implementing and running the program. *Outcome objectives* identify the anticipated immediate effect of the TAP program on targeted youth. *Impact objectives* identify the long-term changes the program expects to achieve. The objectives clarify the direction the TAP program will take. They should detail desired accomplishments, as well as when, where, and how to accomplish them. The objectives should specify amounts, proportions, or percentages.

Process objectives measure whether the program is keeping to its timeline and accomplishing tasks in an appropriate way. They measure whether and to what degree the processes of the program are successful.

Examples:

- By 30 August, members of the planning team will produce and distribute 2,000 flyers, appear once on a local radio talk show, and display an announcement on the high school's Web site to inform youth from Hometown High School about the program. At least 25 youth will apply to participate as TAP peer educators.
- By 30 September, planners will accept and enroll 15 youth, ages 15 to 17, from Hometown High School to participate as TAP peer educators. At least 10 will be youth of color, proportional to the target audience of Home Town High School's ninth and tenth graders, of whom 62 percent are youth of color.

need. In this volume, *budget* is used in regard to *all* resource needs.

Budget planning is essential. The first step in budgeting for a TAP program is estimating the cost of program components. The program's timeline and plans for training, conducting activities, and performing an evaluation – based on the program's objectives – will provide a useful overview for considering resource needs. Needs from one program to another will vary due to the program structure, objectives, timeline, and specific activities. *Before* completing the budget, the planning team should talk with youth in the target community to get ideas of the kinds of activities they enjoy and find worthwhile.

The list of resource needs should include *anything* that the program must purchase or receive as an in-kind (non-cash) contribution. After the list is complete, planners can check off each item for which the program will not have to pay at all. This might include things like paper supplies, the meeting space, heating, and light for a program that is sponsored and housed in a community center. It might also include coordinator's salary, telephone, Internet access, and photocopy services for a program that will operate within a school or agency setting. Many local businesses may be willing to provide services, including food and other products.

Examples:

- A local sports store donates popular shirts popular to one TAP program for youth completing the TAP training.
- Airlines sometimes provide complimentary tickets to nonprofit groups traveling to conferences.

So, planners should keep such alternatives in mind when budgeting for the program. The program will need funds for all the items that remain on the list. [Note: Planners may find it easier to list items according to the planning timeline, and later, to group similar items together for the actual budget.]

The budget should include items necessary for the

initial planning phase, including the needs and assets assessment. During this phase, the program will need office supplies, postage, information about HIV/STI prevention, resources for HIV/STI prevention information, photocopying services, and a telephone. If the planner(s) will be paid for time spent planning the TAP program, the budget must include salaries. If the planners are volunteers, the budget should include reimbursement for travel or other expenses. The budget should also include money for stipends and expenses for the youth involved in the planning phase.

During the training of TAP members, the program will require office supplies, copying services, educational materials, and supplies for the activities. Budgeting for this phase of the program may be difficult. However, the program will certainly need some cash and/or donated professional services. In particular, planners should consider budgeting for stipends or salaries for the peer educators. Successful TAP programs often *hire* peer educators. Many teenagers work part-time.

The budget should include funds for drinks and food for the peer educators. Most youth eat their meals at home, and many youth lack the money to eat in restaurants when their commitment to the TAP program makes them miss meals at home. Moreover, TAP training for peer educators often occurs after school or in the evenings when teens' energy levels are low. Free food and soft drinks for the peer educators can assist in keeping the training on track.

Costs for a simple process evaluation can be kept to a minimum – some office supplies and services as well as some staff time. Costs for an outcome evaluation may be considerably more, and costs for an impact evaluation may be as much as two to three times the cost of the program itself. If planners intend to conduct an outcome and/or impact evaluation, information in Chapter VII, Evaluating the Peer Education Program, will help them locate an evaluator who can assist them in estimating the costs for either type of evaluation.

Planning for staffing is critical. The two largest items in most TAP budgets are usually staffing and

Planners may attempt to use volunteers to lower costs. For schools, TAP might be a school club led by a teacher or counselor who is reimbursed according to school policy. In community and religious organizations, parents, college students, young adults, and/or senior citizens may be looking for this type of opportunity to work with young people. However, planners should remember that volunteers are effective only if they are appropriately trained and able to attend TAP meetings consistently. Volunteers who have not made TAP a priority and/or have not made a genuine commitment to the program may not follow through with assigned responsibilities. If volunteers are undependable, they may negatively, even disastrously, affect the TAP program.

In an environment where paid staff will oversee the project but needs additional assistance, the program may be able to recruit an intern to lead sessions or to handle logistics, such as gathering training supplies, setting up the room, and buying refreshments. Internships provide useful learning experiences for college students, especially those studying psychology, education, public health, sociology, or social work. In fact, many students have fieldwork as part of their degree requirements; however, they deserve reimbursement for their program-related expenses.

Decide about stipends for youth. During pilot testing in the District of Columbia, the original TAP program provided stipends for participating teens in the first year but not in the second. In both years, teens felt positive about the program and their participation. When deciding whether or not to give stipends to the youth, planners should weigh the benefits of each approach.

Providing stipends to TAP participants offers benefits, including:

- Youth receive a concrete, financial reward for their work.
- Youth have incentive to remain involved in the program.
- Youth who need employment are able to participate in the program. Many teens work part-time. Youth deserve pay equivalent to what they could make by working elsewhere.

At the same time, not providing stipends also has benefits, including:

- Youth may be primarily motivated by a desire to educate other youth about HIV/STI prevention.
- Financial constraints on the program will not limit the number of youth participating in the program.
- The program is less expensive to run.

Resource Needs. Most TAP programs will need to budget for the following:

- Staff
 - Salaries or reimbursement for TAP coordinator(s)

- Salaries or stipends for youth (minimum wage)
x (# of students) x (# of hours)

● Recruitment and Program Administration

- Photocopying
- Office supplies
- Office equipment (word processor, computer, or typewriter)
- Reimbursement for program-related transportation
- Telephone
- Meeting room
- Storage space for materials and records
- Postage
- Printing/photocopying of recruitment flyers, application forms, permission slips, etc.

● Meetings

- Food and drinks (\$10 to \$25) x (# of meetings)
- Reimbursement to youth for transportation
- Training supplies
- Newsprint
- Markers
- Tape
- Office supplies
- Photocopying
- Educational materials (pamphlets and reference books)
- Videos (to rent, purchase, or borrow)
- Handouts for training sessions
- VCR and TV (to rent, purchase, or borrow)
- Guest speakers' fees.

● Activity Development

Costs in this category will depend on the activities selected by the youth; however, the budget should be flexible enough to allow for different types of activities, including:

- Producing videos
- Engaging in advocacy
- Designing and producing pamphlets and/or posters
- Producing advertisements

- Designing and producing tee shirts
- Designing and producing buttons
- Producing dramas or musicals
- Traveling to places where TAP members will perform or present their activities.

● Evaluation

- Survey development and administration
- Pre- and post-test development
- Photocopying
- Survey analysis and reports
- Pre- and post-test analysis and reports
- Publicizing the results.

E. Planning for Evaluation

Chapter VII, Evaluating the Peer Education Program, outlines the steps necessary for evaluating TAP activities and the program. Evaluation must be planned at the same time that the rest of the program is planned. Otherwise, administrators may want to evaluate a program based on an agenda that it was never designed to meet. For example, difficulties could arise if the program was designed to increase condom use among sexually active teens while the oversight agency later wanted to assess whether it raised the age at which teens initiated sexual intercourse.

Many evaluation difficulties can be avoided by proper prior planning at this early stage. For instance, administrators may be frustrated later if evaluation is impossible because there is no baseline data for the necessary comparisons. The evaluation concept may match poorly with the actual activities of the program. Or, the activities may not support the original objectives and goals of the program. Early planning permits staff to determine whether the activities will support the objectives and how to assess the accomplishments of the TAP program. To save time, avoid frustration, and get results that will help build a stronger TAP program, please read Chapter VII before beginning comprehensive program planning.

Objective 2. Identifying Sources of Support and Funding for TAP

At this point, the planning team should have completed a comprehensive plan of the program. The plan should identify:

- Needs and assets of youth in the target community
- Goals and objectives for this particular program
- A timeline for the program
- Budgetary and resource needs
- Evaluation plans.

Now, program planners are ready for the next step—finding the money and in-kind donations needed to get the program up and to operate it through one year (or other time frame as detailed in the plan). Planners will seek the type and amount of funding dictated by the program's goal(s) and the size and scope of its sponsoring organization. For example, a program with a goal of reducing rates of adolescent pregnancy and STIs in a target community might seek three- to five-year funding from a community-based foundation. Five years is probably the minimum time needed to assess any potential impact on adolescent STI and pregnancy rates. A program with the goal of assessing whether peer education would improve intentions to use condoms among targeted youth would want to seek funding for just one program cycle, perhaps with tacit permission to seek additional funding if assessment showed that peer education was effective in the target community.

Programs should look first to the local community for support. One way to break a large budget up into palatable pieces for potential donors is to divide the budget by specific tasks and look for a different sponsor for each task. For example, a TAP program getting underway at a neighborhood community center might want to provide stipends during the training for the TAP peer educators, provide refreshments at each meeting, distribute buttons at each presentation, and have the group design and wear identifying tee shirts. In this case, local businesses and clubs can each be

asked to sponsor one TAP member by donating an amount equal to one teen's stipend. Groceries, pizzerias, and other food establishments can be asked to donate food and/or drinks or to provide them at a reduced cost. A printer of novelties might be willing to donate the tee shirts and/or to print other materials, like buttons, to match them. TAP members can also raise cash through tried and true methods, such as a bake sale, car wash, and services auction.

In a school or youth-serving agency, the TAP coordinator may be able to use the school or agency's resources to keep TAP expenses to a minimum. For example, in a school, a teacher may assume primary responsibility for coordinating the project while students raise funds to cover the remaining costs of the program. Some schools have budgets for classes, sports, and club activities. Most, however, do not, and TAP members can raise funds through activities that interest them.

In an agency, finding funds for a TAP program may come under the general fundraising activities and/or responsibilities of the organization. Internal agency structure may determine whose responsibility it is to find funds as well as the shape and structure of the program. The agency may also have opportunities to incorporate TAP into the budget of existing programs. For example, if the agency offers youth-focused programs, TAP could fit in as one more of them. In general, most agencies are familiar with procedures for approaching foundations and have an ongoing process for locating funding sources.

Some professionals who have worked with TAP programs in the past feel that a TAP program is best served by pursuing formal funding through a foundation or government agency. Planners should investigate both public and private sources of funding and determine which can best meet the program's needs and least restrict its activities.

Foundations, corporations, and government agencies all have different, sometimes unique, requirements and guidelines. Some foundations require a letter of intent

before they will receive a proposal. Some foundations insist that they initiate the request for a proposal. Grants officers in other foundations may be willing to meet with individuals, and, if the grants officer feels that the program may dovetail with his/her foundation's interests, the officer will ask for a formal proposal. Planners should *never* guess as to a foundation's requirements and should not send a proposal before they have contacted the foundation. Speaking first to a grants officer, board member, or other officer at a foundation will mean a much higher probability of success. It will also mean that the ensuing proposal will comply with the individual foundation's protocols. Even when invited to submit a proposal, the TAP planner should first obtain written guidelines from the specific foundation, calling the foundation for clarification of the guidelines, if needed.

Tips on Finding Foundation Sources of Funding

- Talk with people running HIV/STI prevention education programs in the community to explore funding ideas. Ask about local corporate funding sources as well as about foundations and government sources.
- Call the Foundation Center in New York City 212.620.4230 or in Washington, D.C. 202.331.1400, or visit <http://fdncenter.org>. The Center can help identify appropriate foundations for the program's area. It also produces *The Foundation Directory*, which provides information on the nation's largest foundations.
- The local public library's reference desk should be able to provide books listing funding sources and their requirements. *AIDS Funding: A Guide to Giving by Foundations and Charitable Organizations* is published by the Foundation Center. This resource lists over 600 funding sources committed to supporting HIV/STI prevention programs and AIDS service organizations.
- A short list follows of major foundations that give to HIV/STI prevention programs and AIDS service organizations. Remember that many more organizations than are listed here support HIV/STI prevention programs and AIDS service organizations.

1. Elton John AIDS Foundation focuses on funding direct patient care services and HIV prevention education, and often works with the National AIDS fund when providing funding in North America. The Elton John AIDS Foundation can be contacted by phone at 310.535.1775 or online at www.ejaf.org.
2. The Gill Foundation concentrates on gay, lesbian, bisexual, and transgender and HIV/AIDS organizations that are located in Colorado, the non-urban U.S., and national organizations. The Gill Foundation can be contacted by phone at 303.292.4455 or online at www.gillfoundation.org.
3. The Ittleson Foundation funds innovative HIV prevention programs and also has a special interest in funding programs that focus on youth. The Ittleson Foundation can be contacted by phone at 212.794.2008 or online at www.ittlesonfoundation.org.
4. The Magic Johnson Foundation funds community-based HIV education and prevention programs that serve youth in inner-city communities. The Magic Johnson Foundation can be contacted by phone at 888.MAGIC.05 (888.624.4205) or online at www.magicjohnson.org.
5. The Public Welfare Foundation funds projects that provide HIV prevention education and advocacy programs to disadvantaged youth. The foundation has funded local organizations and peer education programs in the past. The Public Welfare Foundation can be contacted by phone at 202.965.1800 or online at www.publicwelfare.org.

Tips on Finding Corporate Sources of Funding

- Identify which local corporations have given grants to schools and youth-serving agencies by talking with local agencies.
- Investigate whether any friends and business associates have connections to corporate funding sources and are willing to provide introductions or advice.

Chapter IV.

Selecting and Training Staff and Recruiting TAP Members

This chapter addresses the two final objectives (first listed at the beginning of Chapter III) necessary to successfully implement a TAP program:

- Objective 3. Selecting and training staff
- Objective 4. Recruiting youth who will become peer educator TAP members.

Remember that the entire planning process should actively and meaningfully involve youth. Youth can and should be involved in both of the processes discussed in this chapter - selecting a program coordinator and recruiting and selecting TAP members. In particular, youth can and should participate in the selection of criteria for a coordinator and in the interviews of candidates for coordinator. Youth can and should participate actively in the recruiting and selection of TAP members.

A TAP program must have a coordinator – an adult who is responsible for the overall integrity and continuity of the program. The coordinator may actually be the person who initiated the move to establish a TAP program and/or the one who has taken primary responsibility for planning the program up to this point. However, the coordinator may instead be a different individual, recruited and selected at this time. This section deals with selecting and hiring or enrolling the coordinator and additional staff.

Because many of the most important attributes are experiential and/or interpersonal skills, the planning team will need to devise careful strategies for recruiting and interviewing. The strategies will need to allow interviewers to assess qualities that may not be easily captured in a resumé or standard interview techniques.

Knowledge	Experience	Interpersonal Skills
Knowledge of HIV and other STIs	Ability to motivate adolescents	Ability to communicate well with adolescents
	Commitment to HIV/STI prevention	Creativity
	Experience in teaching sexuality education	Flexibility
	Ability to work with youth of varying cultures, socioeconomic status, race/ethnicity, and sexual orientation	Sense of humor
	Willingness to allow youth to make program decisions	Ability to enjoy people and situations
	Ability to work in partnership with youth	Willingness to empower youth to educate their peers

Some community groups or schools may choose a TAP coordinator because of his or her experience in HIV/STI prevention education. However, many outstanding candidates for TAP coordinator will have excellent skills for working with youth but need additional training in HIV/STI prevention education.* Because many people normally focus first on the educational background of adults entrusted with

Example:

- Develop support for the project in the community, school, and/or agency by presenting the program to the PTA, board of directors, and other appropriate groups.

30

- Select youth to participate in the project and secure parental permission for each young person under age 18.
- Attend each TAP meeting, provide and coordinate training to TAP members, and arrange logistics for the meetings.
- Empower and assist youth to conduct HIV/STI prevention projects, such as making presentations, conducting assemblies, writing newspaper articles, and producing educational materials, within the community or school.
- Serve as program liaison between youth and parents, staff, and other adults involved with the project.
- Manage evaluation of the TAP program.
- Oversee the budget.
- Secure funding by writing grant proposals for submission to foundations as well as letters requesting donations from local businesses.

Training Staff

Teaching youth about HIV and other STIs is a professional and personal challenge for many educators and other program leaders. Each TAP coordinator will have his/her own feelings and values about the HIV epidemic, and may not be completely comfortable with some of the issues that youth are likely to raise. In particular, leaders may feel uncomfortable in presenting sexuality-related information and in dealing with controversy. If planners have found an otherwise outstanding candidate for TAP coordinator who is uncomfortable with sexual health issues and sexuality education in general, the candidate may need additional sexuality training. Contact Advocates for Youth at 202.347.5700 for assistance in identifying a source for comprehensive sexuality education training.

Please be aware that some 'sexuality education' programs refuse to teach youth about partner negotiation or about proper use of condoms and other contraception for the prevention of sexually transmitted infections and unintended pregnancy. These programs are typically unable to provide the skills and comfort level necessary to enable the

coordinator to deal honestly and respectfully with many sexual health issues important to a TAP program.

This section focuses on preparing the TAP coordinator for the professional and personal challenge of teaching youth about HIV and other STIs. In particular, this section discusses the following points:

1. All teens are not alike.
2. Cultural issues matter.
3. Reaching members of all populations of youth is critical to being effective.
4. Creating a safe and hospitable environment is essential.
5. Using appropriate language can help ensure the program's success.
6. Empowering youth means assisting youth in developing their leadership skills.

1. All Teens Are Not Alike.

The TAP coordinator must understand that teens are unique individuals. The coordinator will need to acknowledge the wide range of sexual experience within a group of young people. Some youth will have had sexual intercourse; some will not yet have exchanged romantic kisses with anyone. Some youth will have had heterosexual experience; some teens will have had homosexual experience. Some youth will have chosen to initiate sexual intercourse; some will have had sexual intercourse or other sexual contact forced upon them. Some will be dating; some may not yet be interested in dating. Some teens may have good reason to believe that they have been exposed to HIV/STI; some may incorrectly believe they can contract HIV from a drinking fountain. Some teens may have friends or relatives who are living with HIV; some of the youth may be living with HIV.

The leader must address and include all young people in the group. One suggestion is to begin by saying something like *We are going to be discussing HIV/STI infection. HIV is a national emergency. All of us need to know more about HIV, the virus that causes AIDS, and how it is transmitted as well as*

- Culture and important cultural components
- One's own culture and its cultural assumptions and values as well as one's perspectives on them
- Individual youth with whom one works
- The cultural backgrounds of these youth.

Cultural competence is a long-term goal. In the end, a culturally competent person exhibits particular beliefs and attitudes, knowledge, and skills.

Why is cultural competence important? Culture serves as a road map both for perceiving and for interacting with the world. Because each culture has its

Cultural Competence

Culturally Competent Beliefs and Attitudes

- Being aware of and sensitive to her/his own cultural heritage
- Respecting and valuing different heritages
- Being aware of her/his own values and biases and how they affect perceptions of other cultures
- Feeling comfort with differences between cultures' values and beliefs
- Being sensitive to circumstances (personal biases, ethnic identity, political influence, etc.) that necessitate assistance from a member of a different culture when interacting with another member of that culture.

Culturally Competent Knowledge

- Understanding the power structure in society and how non-dominant groups are treated
- Having specific knowledge and information about the particular group(s) with which she/he is working
- Being aware of institutional barriers that prevent members of disadvantaged groups from using organizational and societal resources.

Culturally Competent Skills

- Generating a wide variety of verbal and nonverbal responses when dealing with differences
- Sending and receiving both verbal and nonverbal messages (body language) accurately and appropriately
- Intervening appropriately and advocating on behalf of people from different cultures.

own understanding of health, including sexual health, recognizing and dealing appropriately with cultures is a vital part of any successful effort to influence the sexual health beliefs and behaviors of youth.

Each culture has its own images, stories, myths, and traditions that can contribute to effectively imparting important information. Lack of sensitivity to cultural norms can embarrass and offend an audience and can sabotage HIV/STI prevention education efforts. In particular, important components of communication which may help or hinder HIV/STI prevention education include language, slang, body language, communication styles, health beliefs, family relationships, gender roles, religion, degree of acculturation, immigration status, political power, poverty, economic status, racism, and a history of oppression.

Dealing honestly with sexuality is central to any effective discussion of HIV and other STIs, but it must be done in a way that is culturally appropriate for the audience. In other words, appropriately presenting information and leading discussions requires identifying and considering the characteristics of participants' cultures. Participants' gender and sexual orientation, as well as their racial/ethnic differences will all have an impact on the presentation - how it is made, how it is heard, and what it accomplishes or fails to accomplish. Therefore, those involved in HIV/STI prevention education will be more effective when they understand the interplay of the cultures in the community.

Take, for example, the issue of condoms and some cultural roadblocks to their use in different communities:

- Some young men – seeing their ranks decimated by violence, death, and prison and feeling hopeless about the future – see no reason to use condoms.
- Some young women – having little power in negotiating sexual relationships, and having few options socially, sexually, and economically – see themselves as having no power to insist on condom use.
- Some gay, lesbian, bisexual, and transgender (GLBT) young people – seeing themselves

condemned by church, community, and family – have a sense of worthlessness and disregard life-affirming and lifesaving behaviors, such as condom use.

- ### *Oppression: Racism and Homophobia*

Any program that attempts to deal responsibly with issues of culture must also confront racism and homophobia (hatred based on sexual orientation). Racism and homophobia are two types of oppressive prejudice that can have a tremendously negative impact on young people in any program. Research shows that racism seriously harms young people who are its targets – especially if their families do not help them cope with racism. Homophobia seriously harms youth who are gay, lesbian, and bisexual. These youth frequently contend with verbal and physical abuse, with being ignored and/or ostracized, with violence and discrimination – all of which adversely affect their self-esteem, self-confidence, and hope for the future. Research also shows that racism and homophobia negatively affect youth who feel and act in racist and homophobic ways but who are targets of neither racism nor homophobia. For example, youth who have homophobic attitudes may fail to protect themselves during sexual intercourse because they believe HIV only affects gay males.

Racism couples **prejudice** and **power**. Prejudice is having a negative attitude about other people and cultures based simply on the difference between them and one's own group. All people should guard and contend against their own prejudiced attitudes. However, racism is prejudice that is specifically linked with power. Coupling prejudice with power creates an effect that is far greater than that arising when an individual feels prejudiced against people of other cultural groups.

defines what is good, normative, appropriate, and civilized through its cultural lens. The dominant group informally maintains some standards through social custom, common practice, and ritual, while it maintains others formally and legally through laws and institutions of power, such as the police and the armed forces.

In the United States, the largest population group throughout the 20th century was descended from northern European whites. This group defined and set cultural norms, usually to the exclusion and detriment of other racial/ethnic groups and cultures. Cultural dominance and the resulting subordination of other cultures has meant great hardship and suffering for Native Americans, African Americans, Latinos, and Asian Americans. Successfully designing a health education program involves honestly considering the impact of racism *and* building equitably upon the cultures of *all* the youth targeted by the program.

A second area of conflict and confusion in U.S. culture today, with which TAP coordinators *must* be prepared to deal, is homophobia – hatred and fear of people based on their sexual orientation. Bigots sometimes blame gay people in the United States for the HIV/AIDS epidemic and instigate violence against GLBT individuals. The United States' largely heterosexual culture at times promotes intolerance of GLBT individuals.

[illegible]

their actions into consonance with those values. The teen, for example, whose personal values include caring about and respecting *all* people, will be able to understand that homophobia violates his/her own personal values. The TAP coordinator also needs to emphasize consistently that one's behavior – not one's sexual orientation – puts one at risk for HIV/STI infection.

Building a successful HIV/STI prevention education program means acknowledging, addressing, and confronting the darker side of human behavior—prejudice and oppression, racism and homophobia. Even more, building a successful HIV/STI prevention education program means acknowledging and building upon the positive health beliefs and attitudes of the cultures of *all* the young people participating in the program. By valuing, incorporating, and celebrating cultures' positive health beliefs and attitudes, and by confronting and addressing racism and homophobia, program coordinators can help youth achieve better health and create better programs for their peers.

3. Reaching Members of All Populations of Youth Is Critical to Being Effective.

The TAP coordinator must address and tailor his/her educational approach to the needs of the group. Youth embody a range of cultural backgrounds and sexual orientations, and the TAP training must directly address the needs of each TAP member. In addition, some youth will represent multiple minority categories (e.g., gay Latino immigrant). These youth may feel as if they must choose between these groups. They need to know that is not so – their distinct needs as gay youth, Latino youth, and immigrant youth, for example, will all be met.

GLBT Youth

A national survey by the Kinsey Institute estimated that about 10 percent of the population is gay. The survey of 6,000 adolescents and adults discovered that 37 percent of the male population had at least some overt homosexual experience and that 10 percent of these males were exclusively homosexual.⁴ GLBT youth are perhaps one of the most hidden and most scorned of youth groups. Many GLBT youth who are

out about their sexuality face conflict with their families and friends. Those who are *closeted* face internal conflict over their self-identified sexual orientation and their pretended heterosexuality. Few schools or community-based youth-serving agencies provide programs designed specifically for GLBT youth. Since many of these institutions remain ignorant about and fearful of GLBT people, these youth remain isolated and silent in society. The TAP coordinator's job is to educate him/herself first, then to educate TAP members, and finally to educate his/her colleagues about what being a GLBT youth means.

Due to the general homophobic atmosphere of many American cultures, GLBT youth are at greater risk than other youth for a variety of health and social problems, including physical and emotional abuse, suicidal thoughts and attempts, suicide, and drug use.

- Gay youth are two to three times more likely to attempt suicide than other young people.²
- Many GLBT youth face rejection from their families. In a runaway shelter in San Francisco, gay and lesbian youth reported a high incidence of verbal and physical abuse from their parents, siblings, and peers.³
- In a survey of 29 gay and bisexual male teenagers, the majority of youth experienced school problems related to sexuality, substance abuse, and/or emotional difficulties that warranted mental health intervention. Half of those surveyed reported a history of sexually transmitted diseases, running away from home, or conflicts with the law.¹
- Many GLBT youth turn to drugs and alcohol as a coping mechanism to deal with the social isolation they experience. Approximately 30 percent of lesbian and gay youth have problems with alcoholism.²
- Gay and lesbian youth comprise as many as 25 percent of all youth living on the streets in the United States.²

It is particularly important to reach young men who have sex with men (YMSM) with HIV/STI prevention activities. Some of these youth self-identify as gay or as bisexual; some do not. They are especially vulnerable to HIV/STI infection because social stigma and the lack of a peer group often lead them to

socialize with older men who have higher rates of infection. The TAP coordinator should consider inviting an expert from the community to conduct a session on homophobia and HIV/STI prevention issues specifically relating to YMSM.

Latino youth represent a variety of cultural and linguistic heritages, and for this reason, it is important for the TAP coordinator to understand how language, culture, acculturation, and religion may interact with the TAP approach to HIV/STI prevention education. The TAP coordinator should not assume that all Latinos speak Spanish – many come from families that have resided in the United States for many generations. Many speak only English. Others speak several languages that may or may not include Spanish. On the other hand, Latino youth whose families have quite recently immigrated to the United States may be able to communicate best in Spanish. The TAP coordinator should also not assume that all Latinos speak the same dialect of Spanish – Mexicans, Puerto Ricans, and El Salvadorans, for example, all speak different and distinct Spanish dialects. Thus, the TAP coordinator must learn the linguistic needs of the TAP members and choose appropriate educational materials, pamphlets, posters, and videos for the group. TAP groups located in Latino communities should design materials in a form of Spanish that will be clearly and easily understood by the youth in the target community.

Latino youth urgently need to understand that HIV/AIDS is a problem for Latino communities. Latinos in the United States disproportionately number among HIV/AIDS cases. For example, while Latinos constitute about 11 percent of the U.S. population, they account for about 18 percent of all reported AIDS cases.⁴ The TAP coordinator should encourage Latino TAP members to design educational activities that will reach their Latino friends. Currently, culturally sensitive and age-appropriate HIV/STI prevention materials for this community are scarce.

African American youth, like Latino youth, represent diverse cultural and socioeconomic backgrounds. Thus, the TAP coordinator may need to assess the needs of these youth in order to implement an appropriate educational approach to the TAP training. African American youth vary as much as do white and Latino youth. For example, those from different geographic locations will have different needs. African American, inner-city youth will probably experience violence and drug- and gang-related pressures while their suburban and rural counterparts may not. Some African Americans are immigrants, and for many immigrants, English is not their first language. The TAP coordinator should identify HIV/STI prevention materials that best meet the needs of African American youth in the TAP group.

[illegible]

to discuss their feelings and beliefs about these issues as well as help them to recognize the diversity of values held by their peers.

African Americans disproportionately number among HIV/AIDS cases. While African Americans constitute 13 percent of the total population, they account for 36 percent of all reported AIDS cases. Because many African Americans perceive AIDS to be a disease of white, gay males, they have been slow to respond to the epidemic with effective HIV/STI prevention programs. Many African Americans, with strong memories of the infamous Tuskegee syphilis study of the mid-1900s, suspect that HIV prevention is a white conspiracy to limit black births and/or that AIDS is a genocidal disease unleashed on African Americans by whites. The TAP coordinator must be sensitive in dispelling young people's misconceptions and should reaffirm his/her concern for the youth and their safety in order to build their trust. Nevertheless, the TAP coordinator will need to recognize and address current beliefs and myths among African American youth if they are to become effective HIV/STI prevention peer educators.

Asian Pacific Islanders and Native American Youth

Asian Pacific Islanders (API) and Native Americans in the United States have lower numbers of AIDS cases than African Americans and Latinos. However, within certain risk behavior categories, their AIDS case rates are increasing. API and Native American youth represent diverse cultural backgrounds. Members of either group may speak any of a large number of languages, or they may speak only English.

Reaching these populations is especially important. A study of API college students found that 87 percent reported not using a condom during each act of sexual intercourse.⁵ While most HIV/STI prevention programs targeted towards API populations focus on youth,⁶ few build sexual negotiation skills, in part due to cultural discom-

fort with frank discussions about sex and illness within API communities.⁸ In addition, acculturation status plays a major role in risk behavior and access to health services and information. API youth who have recently immigrated to the United States often have difficulty accessing information and services.

Research demonstrates that many Native American youth are not using condoms and that Native American males are more likely to have had sex than are non-Native American teenagers.^{8,9} Current prevention programs for Native American youth may be less effective than in other communities, and Native American youth urgently need culturally specific prevention programs.

For more information on culturally specific HIV/STI prevention education, check with the following organizations:

1. Advocates for Youth utilizes the skills and enthusiasm of young Web activists to create communities of GLBT youth, Latino GLBT youth, HIV-positive youth, young women of color, and peer educators. Its Web sites provide online information, assistance, and support. (www.youthresource.com, www.ambientejoven.org, www.youthHIV.org, www.sistahs.org, and www.youthshakers.org or phone 202.347.5700)
2. The Asian and Pacific Islander Wellness Center's mission is to educate, support, empower and advocate for Asian and Pacific Islander communities — particularly Asian and Pacific Islanders living with or at-risk for HIV. (www.apiwellness.org or phone 415.292.3400)
3. The NAACP has a principal objective to ensure the political, educational, social and economic equality of minority group citizens of the United States. The NAACP is committed to non-violence and relies upon the press, the petition, the ballot and the courts, even in the face of overt and violent racial hostility. (www.naacp.org or phone 410.521.4939)

- #### 4. Creating a Safe and Hospitable Environment Is Essential.

Creating an hospitable environment begins even before TAP members come to the first session. Indeed, unless the invitation is hospitable, there will be few participants! Advertising should indicate in what language(s) the program will be conducted and whether or not translators will be available. Announcements should include information about the availability of services for those with special physical needs, such as signers for deaf youth.

Using mail may not be the best way to reach and interest parents and young people. In some communities and in some cultures, the TAP coordinator may find that having personal contact with parents and young people is beneficial and even necessary to recruit participants.

When designing a program for HIV/STI prevention education, the TAP coordinator should consider the environment in which the program is to take place. Discussing difficult topics is easier when the participants are in an inviting, comfortable, and safe environment. What helps provide a safe, inviting environment?

- Attractive and easily understood promotional materials
- Adequate notice so prospective participants can arrange their schedules to fit the program
- A telephone number for questions regarding the program
- A private room
- A room large enough for the expected number of participants and for breaking into small groups
- Comfortable temperature and fresh air
- Refreshments – even if this is only fresh water and paper cups
- Nametags, tissues, and other important supplies
- Speaking platform visible to all participants
- Sufficient materials for all participants, such as paper, pens pencils, copies of program

- Clear, correct, and understandable visual aids
- Time to permit participants to pursue an activity that is of interest to them, such as creating a closing skit
- A suggestion/comment box to permit individuals to ask questions or give comments anonymously
- Constant awareness that some participating youth may already have been adversely affected by the HIV epidemic.

Taking care of these details will help to ensure that participants are comfortable during the program. Details like these are especially important when participants may be uneasy and/or uncomfortable during discussion of some topics.

Caring about participants' needs is a *plus* that will minimize discomfort and assist receptivity. Other details that will make a program and space more hospitable include:

- Clear signs directing participants to restrooms, telephones, and other amenities
- Quiet spaces for youth to use if they need to be alone or to reflect quietly
- Child care or a parallel track for children during the program to facilitate young parents' involvement in the program
- Transportation vouchers and/or maps and directions to public transportation
- Scheduling that is convenient for the participants
- Attention to special dietary and/or medical needs of participants. (For example, youth who are diabetic may need to eat at very regular times regardless of what is happening in the program at the time.)

Making hospitality a priority will help coordinators to create an environment that enhances youth's ability to learn and to assume responsibility and leadership in the program.

5. Using Appropriate Language Can Help Ensure the Program's Success.

A subtle, yet powerful way to ensure the program's

success is to change the language used to define teens' sexual behavior. Traditionally, teens who have had sexual intercourse within the recent past are described as being *sexually active*. Indeed, interviews and surveys designed to discover whether or not a teen is having sexual intercourse often ask – *Are you sexually active?*

This terminology eliminates nearly the entire range of sexual expression, from fantasy and social interaction, to touch and kissing. Sexuality has been narrowed down to only sexual intercourse. All other sexual behaviors become less than *the real thing*. The message sometimes conveyed to teens is that *only* sexual intercourse constitutes the behavior of a sexually active person. Even more, some research suggests that many teens consider only vaginal intercourse to be *the act* that counts. Oral intercourse, for example, is less than *the real thing* to these youth. When information about a youth's sexuality pertains to the specific act of sexual intercourse, that should be the phrase used. In fact, coordinators may want to continually emphasize that "sexual intercourse" is a concept that includes vaginal, oral, and/or anal intercourse.

Reframing and expanding the concept of sexual activity to include the entire spectrum of behaviors and feelings that expresses sexuality and sensuality acknowledges the importance of all these behaviors and feelings. A broader definition of sexual activity permits youth to explore those behaviors that are less risky for teens. The Circles of Sexuality activity has been added to this guide to help youth understand the wide range of feelings, thoughts, and actions that constitute sexuality and that, therefore, describe a sexual being.

Teenagers need clear information about the sexual behaviors that place them at risk for HIV/STI infection. This can be one of the most difficult and important tasks that leaders undertake. Because most teenagers experiment with some types of sexual behavior, however, educators can help teens understand which ones are high-risk, which are low-risk, and which are risk-free.

Throughout the training, this guide uses the term *all types of sexual intercourse*. This phrase refers inclusively to oral, vaginal, and anal intercourse. None of these behaviors in and of itself puts a person at risk for HIV infection. Rather, the behaviors are risky when they involve a partner whose HIV antibody status is positive, unknown, or falsely assumed to be negative. Even when the HIV antibody status of both partners is known and negative, partners still may be at risk of other STIs and/or of unintended pregnancy. Moreover, infection with some STIs which cause open sores, such as herpes and syphilis, can increase an individual's risk for HIV infection.

Although *mutual monogamy* between uninfected partners is generally considered to be a safer sexual behavior, this is an inappropriate prevention message for many teens. Mutual monogamy refers to a situation in which two people have sex *only* with each other within an enduring relationship. However, when teens discuss monogamy, they usually mean something different. They usually mean a mutually faithful relationship which will last anywhere from two weeks to a year or more and will then be followed by another relationship, and that one by another. Many teens rely on the safety of such relationships – *serial monogamy*. This is not the same as *mutual monogamy*, and teens are at risk for HIV/STI if they have unprotected sexual intercourse with a partner who has been infected during another relationship. Mutual monogamy may be difficult to achieve before people reach mature adulthood, and even then it may continue to be an issue of serious concern.

Educators can help teens understand that there are many ways to express sexual feelings. Some of these ways place teens at no risk for an unplanned pregnancy or HIV infection. Talking, kissing, whispering, hugging, singing, dancing, and holding hands are all safe ways to show and receive affection from a partner. Touching, fantasizing, caressing, massaging, and masturbating are also safe ways to express sexual feelings. Teens should know that sexual behaviors that include abstinence from all types of sexual

intercourse – oral, vaginal, and anal – are free of the risk of HIV infection. [Some sexual behaviors that include abstinence from all types of sexual intercourse may, however, involve a risk of STIs if they occur with an infected partner. For instance, several STIs can be transmitted during a kiss with a person who has an open chancre (sore) on or in his/her mouth.]

Strategies to encourage youth to delay initiating sexual intercourse are an important component of HIV/STI prevention education. Teens should know that sexual intercourse is not the only way to give or receive pleasure or to share in intimacy. Young people need to feel free to express affection through non-genital activities.

While it is important to encourage youth to defer sexual intercourse until it is right for them, educators need to be realistic about the number of teens in their programs who are already having sexual intercourse. According to national statistics, in a group of 17-year-old teens, less than half of the young people are likely never to have had sexual intercourse. Moreover, according to one recent study, many youth who have had oral and/or anal sexual intercourse define themselves as *virgins* because they have never had vaginal intercourse.¹⁰ In some communities, 12 is the average age at which young males have first sexual intercourse. Any youth that engages in risky sexual behaviors needs explicit information about how to protect him/herself and a partner.

Safer sex is a term commonly used to describe the use of a latex condom or other latex barrier (such as a dental dam) to prevent HIV/STI infection during oral, vaginal, or anal intercourse. Leaders can help teenagers who engage in sexual intercourse to understand their risk of becoming infected and how to practice safer sex. Any type of sexual intercourse between two *uninfected* partners is safe from the risk of HIV infection. The difficulty is that most people, teenagers *and* adults, do not know if they are infected with STIs, including HIV. "Knowing someone well"

or "asking your partner about HIV STIs" is an unrealistic way for teens to assess potential risk of HIV STI infection. Teens need to understand that it is impossible to tell if someone is infected with HIV STIs just by looking at him/her and that many infected people do not know they are infected.

Latex condoms, when used consistently and correctly, have been proven to be an effective barrier to HIV transmission in the laboratory. However, condoms can break or leak and, therefore, are not 100 percent effective against the spread of HIV/STIs or for the prevention of pregnancy. It is important to recognize that most condom failure rates are attributed to improper use—human error. Condoms offer the best protection available for people who are going to have intercourse with a partner whose antibody status is unknown.

Teens also need to understand that, for best protection against unintended pregnancy and infection with HIV and other STIs, heterosexual partners should use a dual method—a latex condom *and* another effective contraceptive method, such as the pill, implants, Depo-Provera, or the diaphragm. They must also understand that only condoms provide protection against infection with HIV and other STIs. The pill, implants, Depo-Provera, the diaphragm, and the IUD (intra-uterine device) provide no protection against HIV and other STIs.

Use of emergency contraceptive pills, the "morning-after pill," is rising in the United States. Emergency contraception provides pregnancy prevention *after* unprotected intercourse and when a regular contraceptive method fails. However, teens need to be reminded that although emergency contraception can effectively prevent most pregnancies, it offers *no* protection against HIV or other STIs.

Again, in preparing to teach teens about HIV/STI prevention, the leader will have many opportunities to reassess his or her personal beliefs and values. The leader should clarify his/her own beliefs and values and, if necessary, seek outside assistance and support.

6. Empowering Youth Means Assisting Youth in Developing Their Leadership Skills.

In addition to providing information and teaching skills to protect youth from HIV/STI infection, the TAP coordinator will be working to empower youth to feel comfortable in imparting HIV/STI prevention information to their friends and developing educational activities. Young people gain more from an experience when they are actively involved. From the beginning of the program, TAP members should take part in decisions about the program. In addition, involved youth should be aware of the budget as they begin to develop activities that may require funding. This will enable youth to understand how funding relates to programming. Moreover, when the money runs low, they can assume some fundraising responsibilities, such as sponsoring activities to raise money or approaching local businesses for donations.

Effective youth involvement requires serious commitment on the part of all individuals at every level of an organization. Adults who intend to fully integrate involved youth into the program must address the organizational culture and structures that make youth involvement easy or difficult. For example, the organization may need to redefine its business hours or to modify some meeting spaces. Both adults and young people will need to examine their communication styles before they can forge effective partnerships. Effective youth involvement in prevention programming often means changing the rules. However, the rewards are large. When youth are truly involved in decisions about program design, development, implementation, and evaluation, they are able to ensure that the program is relevant and responsive to adolescents' interests and needs.

The essence of youth involvement is a *partnership* between adults and young people. Effective youth/adult partnerships work toward solving community problems. Working partnerships also acknowledge the contributions of all participants – youth and adults. In theory, creating such partnerships sounds good and makes a lot of sense, but putting such a partnership into practice is not always easy.

Spectrum of Attitudes¹¹

Youth as Objects –

Adults who have this attitude subscribe to the myth of adult wisdom. They believe adults know what is best for young people. They attempt to control situations in which young people are involved. They believe that young people have little to contribute. Further, they may feel the need, based on their own prior experiences, to protect young people from suffering the potential consequences of mistakes. Adults who see youth as objects seldom permit more than token youth involvement and usually have no intention of meaningfully involving youth. One example might be an adult writing a letter to an elected official about an issue pertinent to youth and using a young person's name and signature for impact.

Youth as Recipients

Adults who have this attitude believe that adults must assist youth to adapt to adult society. They permit young people to take part in making decisions because they think the experience will be good for them and assume that youth are not yet "real people" and need practice to learn to "think like adults." These adults usually delegate to young people trivial responsibilities and tasks that the adults do not want to undertake. Adults who see youth as recipients usually dictate the terms of youth's involvement and expect young people to

adhere to those terms. One example might be adults extending an invitation to one young person to join a board of directors otherwise comprised solely of adults. In such a milieu, a young person's voice is seldom raised and little heard. Adults do not expect the young person to contribute, and the young person knows that adults deliberately retain all power and control.

Youth as Partners

Adults who have this attitude respect young people and believe that young people have significant contributions to make now. These adults encourage youth to become involved and firmly believe that youth involvement is critical to a program's success. These adults accept youth's having an equal voice in decisions. They recognize that youth and adults both have abilities, strengths, and experience to contribute. Adults who have this attitude will be as comfortable working with youth as with adults and enjoy an environment with both youth and adults. Adults who see youth as partners believe that genuine participation by young people enriches adults' just as adult participation enriches youth and that a mutually respectful relationship recognizes the strengths that each offers. One example might be hiring a young person to participate from the beginning in developing a proposal to be submitted to a funding institution.

After defining the target population, requirements for TAP members, and the number of peer educators needed, planners should circulate flyers, talk with community leaders, pass out applications, and set up interviews. The coordinators and other involved youth and adults should allow at least six weeks for recruitment in a community-based agency and at least two or three weeks in a school or organization with consistent access to the target population.

Permission Slips

Some schools and community-based programs

require that participating youth have parental permission. Signed parental permission forms ensure that parents are informed about and approve of young people's participation. Moreover, permission slips protect the program from potential problems with parents who may not understand or approve of a young person's involvement in TAP. For groups that work with undocumented, runaway, homeless, or street youth or with gay, lesbian, bisexual, and transgender (GLBT) youth, parental permission slips may not be needed. A sample permission slip is included at the end of this chapter and in the Appendix.

1. Remafedi G. Homosexual youth: a challenge to contemporary society. *JAMA* 1987;258:222-225.
2. Remafedi G, French S, Story M *et al.* The relationship between suicide risk and sexual orientation: results of a population based study. *American Journal of Public Health* 1998;88:57-60.
3. Remafedi G. Adolescent homosexuality: psychosocial and medical implications. *Pediatrics* 1987;79:331-337.
4. Centers for Disease Control & Prevention. *HIV/AIDS Surveillance Report* 1999;11(1): 1-42.
5. Soet JE, Dilorio C, Adame D. HIV prevention, knowledge, attitudes, and sexual practices among Asian college students. *Journal of Health Education* 1997;28(6 Supplement):S22-S28.
6. Chng CL, Sy FS, Choie ST, *et al.* Asian and Pacific Islander American HIV community-based organizations: a nationwide survey. *AIDS Education & Prevention* 1995;7:251-263.
7. Office of Research on Women's Health. *Women of Color Health Data Book: Adolescents to Seniors*. Bethesda, MD: National Institutes of Health, 1998.
8. Bureau of Indian Affairs, Office of Indian Education Programs. 1997 *Youth Risk Behavior Survey of High School Students Attending Bureau Funded Schools*. Washington, DC: The Bureau, 1998.
9. Edwards S. Among Native American teenagers sex without contraceptives is common. *Family Planning Perspectives* 1992;24:189-191.
10. Schuster MA, Bell RM, Kanouse DE. The sexual practices of adolescent virgins: genital sexual activities of high school students who have never had vaginal intercourse. *American Journal of Public Health* 1996;86:1570-1576.
11. National 4-H Council. *Creating Youth/Adult Partnerships: The Training Curricula for Youth, Adults, and Youth/Adult Teams*. Chevy Chase, MD: The Council, 1997.

Sample Permission Slip

I, _____, give my permission for my son/daughter
(name of parent/guardian)

_____ to participate in the TAP / HIV/STI Prevention
(name of student)

Peer Education program at _____. I understand that
(agency school)

he/she will be learning facts about HIV and other STIs and skills for protecting him/herself and
that he/she will participate in designing an educational campaign for other youth. I understand
that the TAP group will meeting on _____ and _____ each week from _____
(days of the week) (time)

to _____.

(parent/guardian's signature)

_____ yes _____no I am interested in receiving some HIV STI prevention materials.

_____ yes _____no I may be available and willing to drive TAP members to conferences, meetings, or presentations.

Chapter V.

Training Youth to Be Peer Educators

The training component of TAP is divided into twelve sessions arranged so that the information and the development of skills build upon previous material. If the planned TAP program will have meetings lasting three hours or longer, participating youth will be able to complete more than one session in one meeting.

Training can be accomplished in a variety of schedules. One good way to train youth is to start with a two- to three-day retreat – and then plan and implement the activities in weekly meetings. Another viable strategy is to accomplish one session every week for twelve weeks.

Goals of TAP Training

TAP has the overall goal to promote positive changes in youth's norms related to sexual behavior to prevent infection with HIV and other STIs. TAP works to achieve this goal through peer education to

1. Encourage all teens to make safe and responsible decisions about when it is right for them to have sexual intercourse.
2. Encourage sexually active teens to practice safer sexual behaviors, including correct and consistent use of condoms.
3. Encourage sexually active teens to limit the numbers of their sexual partners.

Additional goals include reducing or preventing injected drug use and increasing compassion for people infected with HIV or living with AIDS.

In order to achieve these goals, the training focuses on giving TAP members activities and exercises that provide information and build skills. In addition to its overall goal, TAP training has five supporting goals for participating youth:

1. Encourage youth to delay the initiation of sexual intercourse until it is right for them.

In the era of HIV, an excellent prevention strategy is to encourage teenagers to delay first sexual intercourse until it is right for them. Programs working with younger adolescents will find this goal workable while those working with older youth, many of whom are already having sexual intercourse, will not. Younger teens may have neither the cognitive nor the emotional maturity to handle the implications of sexual relationships. All teens need skills in communication, making decisions, and setting goals to help them defer sexual intercourse until they are emotionally mature and able to understand the potential consequences of sexual intercourse. Moreover, youth need to learn about options for sexual expression other than sexual intercourse.

Adults and youth planning the program must also understand that some of the youth that are having sexual intercourse have not chosen to initiate these activities. In other words, they have been forced or coerced to participate in sexual intercourse. These youth need support in making decisions, setting limits, and using contraception as well as in getting protection and services in regard to the abuse they have received.

2. Encourage teens who are having any type of sexual intercourse to practice safer sexual behaviors, including correct and consistent condom use.

When any young person has sexual intercourse, he/she should use condoms correctly and consistently. Teens need education about condoms, including where to obtain them and how to use them. Correct, consistent condom use will help teens prevent pregnancies and the spread of STIs, including HIV infection.

- Developing leadership skills, such as in planning and leading programs, public speaking, and facilitating group discussions
- Identifying resources for additional information about HIV and STIs.

Key Concepts for the Training

Key concepts emphasized during the training of TAP members include:

- *Everyone* who engages in unsafe sexual intercourse or injection drug use is at risk of infection with HIV or other STIs.
- No one becomes infected with HIV through casual contact, such as touching or sharing food with someone with AIDS or by using telephones, restrooms, or swimming pools that someone with AIDS has also used.
- Teen can virtually eliminate their chance of becoming infected with HIV by abstaining from

unprotected sexual intercourse and from injection drug use.

- Teens need skills to resist negative peer pressure.
- Teens who choose to have sexual intercourse should use condoms consistently and correctly at every act of sexual intercourse. These teens should also know alternative ways to express affection and sexuality.
- Teens can effectively reach their peers with HIV/STI prevention education.
- Youth and the TAP coordinator must work together in partnership to design a successful TAP program.

An overview of the TAP training and a sample timeline for training follows here. Then the 28 training activities, divided into 12 sessions follow. (Some sessions last 120 minutes; some last 90 minutes.) Chapter VI includes activities to support and stimulate the peer educators as they plan their campaign activities for their peers.

Training Overview

Session	Exercise Title	Purpose
Session 1		
Activity A	Find Someone Who ...	Learning about one another
Activity B	Introduction to TAP	Understanding the program
Activity C	Pretest	Collecting baseline data
Activity D	Video about HIV/AIDS	Building a common base of knowledge
Activity E	TAP Contract	Defining commitment to the program
Activity F	TAP Ground Rules	Developing ground rules to provide safety for all participants
Activity G	Tee Shirt Symbols – Homework	Identifying personal skills, abilities, and interests and building self-esteem
Session 2		
Activity A	Tee Shirt Symbols – Discussion	Learning about each other and building teamwork
Activity B	Values Clarification	Identifying personal values and building comfort with different values
Activity C	Question Cards – Preparation	Identifying information needs around HIV/AIDS
Session 3		
Activity A	Question Cards	Filling information gaps
Activity B	News about HIV/AIDS	Learning sources of information about HIV/AIDS
Session 4		
Activity A	HIV Transmission Game	Learning about HIV transmission and clarifying values
Activity B	Circles of Sexuality	Understanding the breadth of human sexual expression
Activity C	Rating Behaviors	Learning about risk reduction behaviors
Session 5		
Activity A	Password	Becoming comfortable with HIV/AIDS language
Activity B	Defining Sexual Abstinence	Clarifying personal & community values
Session 6		
Activity A	Reproduction 101	Gaining understanding of the body
Activity B	STI Basketball	Gaining knowledge of STIs
Session 7		
Activity A	ABC Diversity	Exploring values and stereotyped thinking
Activity B	Definition of Culture	Exploring the consequences of devaluing diversity
Activity C	Condom Hunt – Homework	Learning about barriers to condom use
Session 8		
Activity A	Condom Hunt – Discussion	Identifying barriers & access to condom acquisition
Activity B	Condom Card Lineup	Understanding skills related to condom use
Activity C	HIV/STI Interview – Homework	Developing education skills and clarifying values related to HIV
Session 9		
Activity A	HIV/STI Interview – Discussion	Understanding community awareness and values related to HIV
Activity B	Role Plays	Understanding how others feel; to practice risk reduction skills
Session 10		
Activity A	Have You Weighed Your Options?	Practicing risk reduction and decision-making skills
Activity B	Intoxicated Barbie	Developing alcohol awareness
Activity C	Planning for a Panel of PLWHs/PLWAs	Developing skills in conducting educational activities
Session 11		
Activity A	Panel of PLWHs/PLWAs	Exploring personal & community values; developing compassion for PLWA, PLWH
Session 12		
Activity A	Assertive Communication	Developing understanding and skills in assertive communication
Activity B	Post-test	Getting evaluation data

Sample Timeline for Training TAP Members: Full School Year

Date/Session	Allowed Time	Activity
Late spring or late summer before the new school year begins	45 minutes for each presentation and Q & A	Presentation to PTA and to student body
September 5	Two weeks	Distribute information packets & permission slips to interested students
September 12 to 19	One week	Interviews & recruitment of TAP members
September 19 / Session 1	120 minutes	Activity A. Find Someone Who Activity B. Introduction to TAP Activity C. Pretest Activity D. Video about HIV/AIDS Activity E. TAP Contract Activity F. TAP Ground Rules Activity G. Tee Shirt Symbols – Homework
September 26 / Session 2	120 minutes	Activity A. Tee Shirt Symbols – Discussion Activity B. Values Clarification Activity C. Question Cards – Preparation
October 3 / Session 3	90 minutes	Activity A. Question Cards Activity B. News about HIV and other STIs
October 10 / Session 4	120 minutes	Activity A. HIV Transmission Game Activity B. Circles of Sexuality Activity C. Rating Behaviors
October 17 / Session 5	110 minutes	Activity A. Password Activity B. Defining Sexual Abstinence
October 24 / Session 6	120 minutes	Activity A. Reproduction 101 Activity B. STI Basketball
October 31 / Session 7	120 minutes	Activity A. ABC Diversity Activity B. Definition of Culture Activity C. Condom Hunt – Homework
November 7 / Session 8	90 minutes	Activity A. Condom Hunt – Discussion Activity B. Condom Card Lineup Activity C. HIV/STI Interview – Homework
November 14 / Session 9	90 minutes	Activity A. HIV/STI Interview – Discussion Activity B. Role Plays
November 21 / Session 10	120 minutes	Activity A. Have You Weighed Your Options? Activity B. Intoxicated Barbie Activity C. Planning for a Panel of PWLHs/PLWAs
November 29 / Session 11**	90 minutes	Activity A. Panel of PWLHs/PLWAs
December 5 / Session 12	90 minutes	Activity A. Assertive Communication Activity B. Post-test

**** By this time in the training, the peer educators should have begun to work on their campaign to educate their peers. The leader may want to begin interspersing the activities in Chapter VI (listed in the next chart as Sessions 13 through 16) with the remaining training sessions.**

Date / Session	Time Needed	Activity
January 3 / Session 13	90 minutes	Activity A. Chocolate Bar Exercise
January 10 / Session 14	120 minutes	Activity A. Prevention Messages
January 17 / Session 15	50 minutes	Activity A. Social Marketing
January 24 / Session 16	90 minutes	Activity A. Develop Working Groups and a Play
February, March, April, and May / Regular meetings	120 minutes	Sessions planning, preparing, and implementing activities

Session 1, Activity A

Find Someone Who ...

Purpose: To introduce TAP members to each other

Materials: A copy of the handout, *Find Someone Who*, for each TAP member.

Time: 20 minutes

Procedure: Distribute the handout and ask the youth to stand up, move around, and introduce themselves to each other. The goal of this activity is to find someone who will answer yes to each question on the handout. Instruct the teens to ask the person who answers yes to place her/his signature beside the question. Ask members to collect as many signatures as possible in 10 minutes. After 10 minutes, ask the group to be seated. Conclude, for not more than 10 minutes, with the discussion questions below.

Discussion Questions:

1. How do you feel about being in this group?
2. Were any questions hard to ask? If so, which ones? Why?
3. Does this exercise say something about our society? What do you think it says?
4. Did anyone find a person who has had similar experiences? Very different experiences?

Find Someone Who . . .

1. Has one or more older siblings?
2. Has participated in a marathon?
3. Has trouble saying *no* to friends?
4. Loves one special person?
5. Has a parent whose work requires travel?
6. Has a stepparent?
7. Likes your favorite musician?
8. Works or has worked as a volunteer?
9. Works or has worked for pay?
10. Loves to play sports?
11. Has a teenage friend who is a parent?
12. Shares your interest in a particular subject?
13. Has experienced a broken home?
14. Lives with extended family (including aunts, uncles, grandparents, or other relatives)?
15. Has a nightly curfew?
16. Has cared for a child under two?
17. Knows someone with HIV or AIDS?
18. Knows what he/she wants to do one day?
19. Has a pet or pets?
20. Participates in a community youth group?

Session 1, Activity B

Introduction to TAP

Purpose: To give the TAP members a clear understanding of the TAP program

Time: 10 minutes

Planning Notes: Review the first chapter of this manual for help in introducing TAP to the group. This activity will set a positive tone and should help to build group spirit.

Procedure: Welcome everyone to the TAP program. Introduce yourself and your role in the project. State the goals of TAP. Emphasize the importance of the TAP members' full participation and their unique role in the development of educational activities.

Pretest

Purpose: To gather baseline information on TAP members' knowledge, attitudes, and behaviors related to HIV and AIDS. (Evaluators will compare this baseline data to data from a post-test at the end of the training.)

Materials: A copy of the *TAP Evaluation Survey*; Pretest handout for each TAP member and a closed box with a slot in which teens can drop their pretests

Time: 20 minutes

Planning Notes: Prior to this session, the coordinator should have read and understood Chapter VII of this guide. Read the enclosed pretest carefully and make sure it will match your program's stated objectives. If not, revise the pretest or prepare another pretest that will get at the information you need for evaluating the success of the TAP program. Prepare a closed box with a slot through which the youth can drop their completed pretests. The TAP coordinator will administer the pretest to the TAP group at the first meeting of the new TAP members. Each pretest should be labeled pretest.

Procedure: Tell the group that no one needs to put his/her name on this test and that all answers will be kept confidential. The TAP coordinator will use the information from the pretest to assess the effectiveness of the TAP program, not the knowledge of the individual TAP members.

After the pretests have been completed and collected, correct them using the answer key in the appendix, and compare the knowledge of the TAP group to that of the control group. The knowledge levels of the two groups should be similar. However, the TAP coordinator will find it useful to note any areas in which the TAP group had difficulties and to stress these areas during training.

HIV and AIDS as well as other STIs are serious problems in the United States. We want to find the best ways to teach youth about HIV/STIs. This survey will help us understand what you know and how you feel about HIV and AIDS. Your answers are important. Please answer each question carefully and honestly. Please note that, in this survey, *having sex* means making love, doing it, or having sexual intercourse. *Having sex* means having vaginal, oral, and/or anal intercourse.

Thank you for your help.

1. Are you male or female?

- ☐ female
☐ male
 How old are you?
 years old
 What is your race?
☐ Asian/Pacific Islander
☐ Black/African-American
☐ Hispanic
☐ Native American
☐ White (non-Hispanic)
☐ Other (please specify)

4. Can a person get HIV (the virus that causes AIDS) from any of the following?

- | | | |
|---|-----|----|
| a. Going to school with a student who has AIDS or HIV | YES | NO |
| b. Kissing someone who has AIDS or HIV | YES | NO |
| c. Sharing needles or "works" with someone who has AIDS or HIV | YES | NO |
| d. Sharing needles to pierce ears, take steroids, or get tattoos with someone who has AIDS or HIV | YES | NO |
| e. Having sex without a condom with someone who has AIDS or HIV | YES | NO |
| f. Being bitten by mosquitoes or other insects | YES | NO |
| g. Giving blood at a hospital, blood bank or the Red Cross | YES | NO |
| h. Swimming in a pool with a person who has AIDS or HIV | YES | NO |

5. You can protect yourself from becoming infected with HIV.	TRUE	FALSE
6. You can tell if a person is infected with HIV by looking at him/her.	TRUE	FALSE
7. Any person who has HIV can give HIV to someone else if the two people have sexual intercourse without using a condom.	TRUE	FALSE
8. HIV can be given to others by someone who is infected but doesn't know he/she is infected.	TRUE	FALSE
9. There is a cure for HIV and AIDS.	TRUE	FALSE
10. Having HIV infection is the same thing as having AIDS.	TRUE	FALSE
11. Not having sex can protect you from being infected with HIV.	TRUE	FALSE
12. Many people who have HIV infection are not sick with AIDS.	TRUE	FALSE

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree

- | | | | | | |
|---|---|---|---|---|---|
| 13. I would be willing to be in a class with a student who has AIDS
or is infected with HIV. | 1 | 2 | 3 | 4 | 5 |
| 14. I would stop being friends with someone because he or she has AIDS. | 1 | 2 | 3 | 4 | 5 |
| 15. I think people with AIDS deserve what is happening to them. | 1 | 2 | 3 | 4 | 5 |
| 16. I am afraid that someday I could get AIDS. | 1 | 2 | 3 | 4 | 5 |
| 17. I think I can protect myself from infection with HIV and from AIDS. | 1 | 2 | 3 | 4 | 5 |

18. List three ways to protect yourself from becoming infected with HIV, the virus that causes AIDS.

Which of the following are effective ways to protect yourself from being infected with HIV? Circle all that apply.

- a. Sexual abstinence (not having sexual intercourse)
- b. Not sharing needles for any reason
- c. Not kissing
- d. Not giving blood (for transfusions)
- e. Not receiving blood (for transfusions)
- f. Not using a public toilet
- g. Not using a public swimming pool
- h. Using a latex condom for every act of sexual intercourse
- i. Avoiding people with HIV infection and AIDS.

Session 1, Activity D

Video about HIV/AIDS

Purpose: To provide introductory information about HIV/STI prevention so everyone begins the program with a similar base of information

Materials: A VCR and an HIV/STI prevention video that promotes peer education. (One recommended video is *In Our Own Words* or contact Advocates for Youth at 202.347.5700 or at info@advocatesforyouth.org and request the most recent *Resources for Educators*.)

Time: 30 minutes

Planning Notes: Preview the chosen video before showing it to the group and ensure that it fits the group's needs. Be prepared to answer questions that the video may bring up.

Procedure: Show the video and facilitate the ensuing discussion.

Discussion Questions:

1. What did you learn from the young people in the video?
2. What messages made sense to you?
3. How do you feel after watching the video?
4. How do you think your friends would react to this video?
5. What did you like about the video?
6. What did you not like about the video?

TAP Contract

Purpose: To establish mutual expectations for all TAP members and a basis for teamwork

Materials: A copy of the handout, TAP Contract, for each TAP member

Time: 15 minutes

Planning Notes: Before presenting the contract to the full group, work with two or three leaders from the group to develop a version of the contract that is likely to work for the group. Review the revised contract and be prepared to discuss it with the entire group.

Procedure: Pass out the contract to each TAP member. Explain that this is an agreement between each TAP member and the TAP coordinator in which each makes a formal commitment to the TAP program and to the TAP group.

- Ask each member to read the contract.
- After everyone has read it, ask if anyone has any questions, comments, or suggestions about the contract.
- Discuss and change the contract so that it better fits the needs of the group.
- After all changes have been made, have each person sign and return the contract. The TAP coordinator then signs each contract, makes a copy for program records, and returns his/her copy to each member at the next session.

Session 1, Activity E
Handout
Example

TAP Contract

The TAP member agrees to the following:

1. I will attend all regularly scheduled sessions.
2. I will be on time for each session and bring the materials needed.
3. I will visit other places for arranged engagements.
4. I will participate to the fullest in each session.
5. I will serve as a resource to the school or agency for presentations that will help train new peer educators.
6. I will not discuss the personal information I learn about other TAP members or that other youth confide to me because I am a peer educator. If I have a question about something someone has told me in confidence, I will discuss it with the TAP coordinator without disclosing the identity of the person who told me.
7. I will talk about the program and what the program has taught me with newspapers, radio, and/or TV representatives who express an interest in the program.
8. I will learn with an open mind and respect the ideas of others, even if they are different from my own.
9. I will discuss problems, concerns, suggestions, or questions about the program with the TAP coordinator.

The TAP coordinator agrees to the following:

1. I will provide factual information and helpful exercises on HIV/STI prevention education, sexuality education, and pregnancy prevention.
2. I will be on time for each session and bring the materials required for the activities.
3. I will work to make each session interesting.
4. I will respect the feelings of each member of the group.
5. I will respect the integrity of the group and the group's decisions.
6. I will maintain confidentiality about personal information pertaining to TAP members. If I learn something that I am required by law to report (such as that a TAP member has been injured or abused by someone), I will explain that to the youth.
7. I will answer questions as honestly as possible.
8. I will fairly and honestly evaluate the participation of each TAP member.

My signature below affirms that I understand and agree to the conditions listed above.

TAP Member

TAP Coordinator

Date _____

Date _____

TAP Ground Rules

Purpose: To establish an agreed-upon code of behavior for the group so each member feels safe and able to rely on others in the group

Materials: Newsprint, markers, tape, and a suggestion/comment box

Time: 20 minutes

Planning Notes: Review the recommended ground rules given below.

Procedure: Explain to the TAP members that, because they will be discussing sensitive issues, the group should agree to a number of ground rules. Ask the TAP members to come up with their own list of the ground rules that they will agree to observe. List those ground rules on newsprint. Ask youth for clarification when needed to be sure that everyone understands all the ideas. Suggest any of the listed recommended ground rules that you think should also be on the list.

Keep this list on newsprint and in the room throughout all sessions of the training and refer to it when people are not adhering to the agreed-upon rules. Eventually, the TAP members will begin to remind each other when some behavior breaks the rules and is counterproductive to the group process.

Recommended Ground Rules:

1. **Respect** – Give undivided attention to the person who has the floor.
2. **Confidentiality** – What we share in this group will remain in this group.
3. **Openness** – We will be as open and honest as possible, but we won't disclose or discuss others' (family, neighbors, friends) personal or private issues or lives. It is okay to discuss situations as general examples, but we won't use names or other identification. For example, we won't say, "My older sister did ..."
4. **Nonjudgmental Approach** – We can disagree with another person's point of view or behavior without judging or putting him/her down.
5. **Sensitivity to Diversity** – We will remember that members in the group may differ in cultural background and/or sexual orientation. We will be careful about making insensitive or careless remarks.
6. **Right to Pass** – It is always okay to pass, to say I'd rather not do this activity or I don't want to answer that question.
7. **Anonymity** – It is okay to ask a question anonymously (using the suggestion or comment box), and the coordinator will respond to all questions.
8. **Acceptance** – It is okay to feel uncomfortable. Even adults feel uncomfortable when they talk about sensitive and personal topics, including HIV and sexuality.
9. **Have a Good Time** – A TAP program is also about coming together as a community and enjoying working with each other.

Purpose:	To identify and demonstrate personal strengths, interests, and skills
Materials:	A copy of the handout, Tee Shirt Symbol, for each TAP member
Time:	5 minutes to introduce the homework
Procedure:	Explain that throughout history people have used shields and banners to express their power and strength. Now people wear tee shirts and other clothing with signs and symbols to display membership in a group and individual values and beliefs. For homework, ask the TAP members to design tee shirts that illustrate their own individual strengths and skills. Ask the young people to give examples of their strengths and skills. Distribute copies of the handout and instruct teens to draw a design, symbol, or picture to answer some or all of the questions on the top of the handout and to symbolize something personal. Ask them to bring their tee shirt designs to the next meeting. Conclude the session by providing an overview of the next session and by telling TAP members when and where it will take place.

Tee Shirt Symbols

What or whom do you value most in your life? What three things do you do well? What would you like most to be remembered for? What is one important thing you have done in your life? What do your friends really like about you?



Session 2, Activity A

Tee Shirt Symbols – Discussion

Purpose: To display and discuss personal strengths and learn the strengths of other TAP members

Materials: Tape to hang tee shirt designs

Time: 30 minutes

Procedure: Begin the session by hanging all the tee shirt designs in the group's meeting space. Give the group a few minutes to look at all the designs. Conclude the activity with the discussion questions below. If the meeting space is not a place where the tee shirt designs can continue to hang, be sure to return them to the youth at the end of the session.

Discussion Questions:

1. What was it like to think of positive, important things about yourself and share them with others?
2. What is one thing you learned about yourself as you did this?
3. What is one thing you learned about someone else in the group?
4. Did you expect to see major differences in tee shirts designs by participants' gender, race/ethnicity, age, or sexual orientation? If so, what differences did you expect? Did you see any of those differences?
5. For those who had a hard time, why was this exercise difficult?
6. How do you think this exercise relates to HIV/STI prevention and peer education?

Values Clarification

Purpose: To encourage teens to clarify and explore their personal attitudes and values and to become comfortable with listening to and understanding opinions different from their own.

Materials: A copy of the Leader's Resource #1, *Training Tips*, and #2, *Value Statements*, newsprint and markers and the Ground Rules that the group agreed on in Session One

Time: 80 minutes

Planning Notes: Values education consists of four important steps in helping youth to:

- Identify their values
- Feel comfortable sharing their values publicly
- Behave in ways that are consistent with their values
- Respect others' values.

The activities in this session provide opportunities for young people to identify their values and to share them with their peers. This is a very important activity, so allow time for adequate processing.

Values education can be a sensitive area in which to work with anyone of any age. As young people express their values and learn about those of others, they may feel some anxiety or discomfort, and they will look to the TAP coordinator for support. Remind the youth about the ground rules established by the group in Session One. These rules should be prominently posted where everyone can see them. Be sure to reemphasize that the ground rules exist for all group activities, especially the following:

- Participants have the right to pass on any activity or part of an activity
- It is okay to disagree with someone but not to judge or put them down.

See the Leader's Resource, *Training Tips*, for guidance in leading this exercise.

Procedure: This activity will give the youth a chance not only to express their individual values but also to discuss the relative merits of different values. You might mention that people who value something and feel good about what they believe, are usually comfortable telling other people what they value and normally act according to their values. They do as they say.

1. Explain to the group that in this activity they will be asked to express their feelings about particular values.
2. Designate three areas of the room to be called agree, unsure, and disagree. You may want

to put up signs to indicate the areas.

3. Explain to the group that you are going to read several value statements. As you read each one, you want them to think very carefully about how they feel about each statement and then move to a section of the room, depending on whether they agree, disagree, or are unsure about that value.
4. Let them know that you will ask for volunteers to describe how they feel about each statement, since one characteristic of a value is that a person can tell others about it. Emphasize that there are no right or wrong answers, only opinions. Everyone has a right to express his or her opinion, and no one will put down another for having a different value. Be sure to mention that participants have the right to pass if they would rather not take a stand on a particular value. Also point out that passing is not the same as being unsure. Let everyone know also that she/he can change a stand on any particular value at any time.
5. Ask everyone to return to their seats. Conclude with the Discussion Questions below.

Discussion Questions:

1. What did you learn about yourself and others?
2. Was it hard to express disagreement with another person's value(s)? Why or why not?
3. Were there times when you felt uncomfortable or unsafe? What helped you stand by your values at that time?
4. Were there any times when you felt unable to stand for your values? When and why do you think that was so?
5. What would support people at times when they feel unable to stand up for a value they believe in?

Pay special attention when teens express an unpopular or minority position and support the youth's willingness to stand up for those values by moving to stand beside the teens and praising them for taking a stand with which others disagree.

Clarify universal core values that are summed up in the ground rules. For example, everyone has value. Discrimination is always wrong. No one should ever be forced to do or say something against his/her own will. Honesty is important.

If no one supports an important position that embodies core values, it is your role as coordinator to present that position convincingly. For example if the entire group disagrees with a position that people living with AIDS should always be covered by health care insurance and should be protected by law against discrimination, you might ask, "Why would some people feel very strongly that people living with AIDS should not be discriminated against?" Then, give answers if the teens do not. For example, you might say, *Caring for the sick and injured is an important part of the responsibilities of society. Most religions strongly support caring for people who are ill or injured or who can't protect themselves.*

It is important for the facilitator to remain neutral. When appropriate, you might express your personal values, but stress to the group that they are *your* own values and are not the only or necessarily even the common point of view. Remind TAP members that values are individual and that no particular value is the *only* one.

If this session gets out of hand, remind TAP members that the purpose of the exercise is to explore their own values and to become comfortable listening and understanding values and opinions that differ from their own. The purpose is not to divide the group or to convince others of the rightness of particular values. Remind them again of the ground rule about respecting other people's opinions and of the core values that underlie the Ground Rules.

Value Statements

Here is the list of value statements. If you only have one hour, pick six or seven statements you think will be the most important for the group to discuss.

1. A cure for AIDS and an HIV prevention vaccine should be high priorities for the government.
2. Sexual intercourse is appropriate only between married people.
3. Birth control should be available to teens without parental consent.
4. Gay men are responsible for the HIV/AIDS epidemic in the United States.
5. It should be a crime for anyone infected with HIV to have sexual intercourse without telling her/his sexual partner.
6. Youth should be taught about low risk alternatives to sexual intercourse, including mutual masturbation.
7. People should be taught about using condoms for protection from HIV infection.
8. Injection drug users should be given clean needles to prevent the spread of HIV.
9. People living with HIV infection and/or AIDS should be entitled to health insurance.
10. Postponing sexual intercourse is the only message we should give teens about sexual behavior.
11. The government should tell the truth about the HIV epidemic.
12. Sexuality education should be a parent's responsibility.
13. A gay, lesbian, or bisexual teenager should be allowed to take a date of the same sex to the prom.
14. When a man and a woman have sexual intercourse, contraception should be the woman's responsibility.
15. A young woman who carries condoms or has them readily available is easy.
16. A young man who carries condoms or has them readily available is easy.
17. A young women walking alone at night in tight sexy clothing is asking to be raped.
18. An HIV-positive athlete should not be allowed to participate in contact sports such as soccer, basketball, or hockey.
19. People living with HIV infection or AIDS should be allowed to work in restaurants and prepare food.
20. People with sexually transmitted infections, including HIV, shouldn't be allowed to use public swimming pools and water fountains.

Question Cards – Preparation

Purpose: To allow participants to ask questions about HIV/AIDS

Materials: Suggestion/comment box, index cards, and pens/pencils

Time: 10 minutes

Planning Notes: Most teenagers have heard a great deal about HIV/AIDS, but many are confused by misinformation about transmission. Many teens do not believe that HIV will affect them. Others believe they cannot avoid HIV infection. Either attitude apparently encourages teens to engage in risk behaviors. In fact, studies show that many teens take sexual risks.

Procedure:

1. Acknowledge that teens already know much of the information about HIV and AIDS, but say that this is an opportunity to clarify any questions and eliminate confusion.
2. Give each participant an index card and ask her/him to write down one or more questions about HIV/AIDS on one side of the card. Teens should not write their names on the cards.
3. Ask the teens to put their cards in the suggestion box. Say that using a suggestion/comment box is a good way to enable teens to bring up issues that are important to them but are embarrassing to ask about publicly.
4. Tell TAP members that you will review the cards and bring the answers to all the questions at the next meeting.

Purpose:	To provide basic information about HIV/AIDS
Materials:	A copy of the handout, <i>HIV/AIDS Summary</i> , for each TAP member
Time:	60 minutes
Planning Notes:	Be prepared with current HIV facts and information as well as with answers to the questions written on the index cards at the last session. The <i>HIV/AIDS Summary</i> handout will provide a start. However, for current statistics about the cumulative number of AIDS cases, total deaths of persons with AIDS, and numbers of people known to be infected with HIV, contact your local or state health department. Or contact the Centers for Disease Control & Prevention's National Prevention Information Network at 1.800.458.5231 or online at http://www.cdcnpi.org . See the Appendix for additional sources of information.

Resources within the community can help with answers to questions that make you uncomfortable. The American Red Cross and most community-based AIDS service organizations have speakers and trainers available who can come and answer youth's questions. Be sure to inform the guest speaker beforehand that the youth already have questions and that you only want him/her to come and answer them. The Centers for Disease Control & Prevention also offers *classroom calls*, putting an HIV expert on speakerphone to answer young people's questions.

1. Use the question cards from Session 2, Activity C. Read the questions out loud to the group, one by one.
2. Allow the group to discuss each question and assist the discussion by providing facts and correcting misconceptions as the need arises. Conclude with the Discussion Points below.
3. At the end of the session, give each TAP member a copy of the *HIV/AIDS Summary* hand-out to keep for reference.

1. What did you learn that surprised you?
2. What did you learn that will impel you to action? What sort of action?
3. How easy do you think it could be to correct someone else's misinformation about HIV/AIDS? What could make it hard to correct misinformation?

The virus that causes AIDS is called human immunodeficiency virus (HIV). People who are infected with this virus may have no symptoms and not be sick, yet they can still infect others through having unprotected sexual intercourse or by sharing needles. You cannot tell if someone is infected with HIV by looking at him or her. People who become infected with HIV will eventually develop AIDS. This can take as long as 10 years or more. Without anti-retroviral therapy, some people develop AIDS in as few as two or three years or less.

AIDS is a very serious health problem in the United States. Well over one million people in the United States are now living with AIDS or have died from AIDS. For current statistics, contact the Centers for Disease Control & Prevention's National Prevention Information Network at 1.800.458.5231 or online at <http://www.cdcnpin.org>.

HIV Transmission

1. Unprotected oral, vaginal, or anal sexual intercourse with a person infected with HIV
2. Needles or injection equipment shared with an HIV infected person for injection drug use or for other reasons, such as tattooing, ear-piercing, and steroid injections
3. To a child from an HIV-infected pregnant woman during pregnancy or childbirth or through breastfeeding after birth.

Prior to 1985, some people were exposed to HIV through receiving a transfusion of contaminated blood. Since then, all donated blood in the United States is carefully tested for HIV, and now only a small number of people receiving transfusions will be at risk of infection. Some risk remains due to the time period – or window – between actual infection and the point at which antibodies develop and are detectable in the blood. **No one can become infected with HIV by giving blood.**

There is no test for AIDS. There is a test to see if someone has developed antibodies to HIV in his/her body. If she/he tests negative for the antibodies, she/he is said to be HIV *seronegative*. People who are HIV *seronegative* and later test positive for the antibodies are said to have *seroconverted*. If he/she tests positive for antibodies to HIV, he/she is said to be HIV *seropositive*.

People who test seronegative for HIV may have the virus, but their immune systems may not yet have developed antibodies. Doctors estimate that the time from infection with the virus to antibody development may range from two to six weeks, and, in very rare circumstances, may take up to six months. This concept is complicated but important because it demonstrates how difficult it is to know if a partner is infected.

Being HIV seropositive is different from having AIDS. We do not yet know how many people who are infected with HIV will become sick with AIDS. Some experts think all people infected with HIV will eventually become sick with AIDS. For those who are HIV seropositive, there are anti-retroviral drugs, such as AZT, DDI, and protease inhibitors, which will prolong their lives. Medical treatments for HIV infected individuals may eventually change HIV from an acute, fatal disease to a chronic one. This means that instead of always dying from AIDS, in the future, HIV-infected people may continue to live with HIV infection and need to keep taking medication to prevent the virus from causing enough damage to the immune system to permit onset of AIDS.

Casual Contact

HIV is *not* transmitted through casual contact, such as touching someone with AIDS, sharing food or utensils, swimming in pools or using hot tubs or public toilets and showers. No known case exists of HIV transmitted by casual contact. Mosquitoes do not transmit HIV.

Protection

Teenagers can protect themselves from HIV infection by **not** injecting drugs and by abstaining from sexual intercourse or by practicing safer sex when they have any type of sexual intercourse – oral, vaginal, or anal. Safer sex involves correctly using condoms or other barrier protection (such as latex or plastic dental dams) during *every* act of sexual intercourse. Almost everyone who is currently uninfected with HIV can remain uninfected! Teens can protect themselves against HIV infection!

Teens and AIDS

While reported cases of AIDS among teenagers are less than one percent of all reported cases of AIDS, considerably more than one percent of teens are infected with HIV. Approximately 17 percent of all reported cases of AIDS occur in people who are ages 20 to 29. Since the time between infection with HIV to the development of AIDS is as much as 10 years, many of these youth were infected during their teen years.

While some teens are HIV infected, too many are not protecting themselves from infection with HIV and other STIs. Each year, approximately 800,000 U.S. teens become pregnant and teens experience nearly four million cases of STI. Most of these teens are also at risk of HIV infection. Among teens who are engaging in sexual intercourse, relatively few use any type of contraceptive consistently, and – among those who use contraception – even fewer use condoms.

Although anyone can become infected with HIV, certain populations show higher rates of infection. Statistics show that young men who have sex with men and young women of color are currently the two U.S. population groups with the highest rates of sexual risk-taking behavior and, thus, at high risk of HIV infection. It is important for the TAP members to remember these populations when designing a prevention program.

News About HIV/AIDS and Other STIs

Purpose:	To help teens identify and keep up with information on HIV/AIDS and other STIs
Materials:	Newspapers, magazines, and TV and radio schedules
Time:	30 minutes
Procedure:	During the TAP program, ask the group members to watch for media coverage on HIV/AIDS and other STIs. Develop and maintain a bulletin board of recent articles on HIV, AIDS, and other STIs. Discuss what teens find in the day's articles or news stories – either at the beginning of each session or at specified sessions. (Throughout the remainder of the training timeline, some sessions relatively shorter, allowing time for discussion of the news.) Use the discussion points below. Suggest that teens call a local or national AIDS hotline if they need help understanding the news articles or bulletins.

Discussion Questions:

1. Does the story have new information about transmission or prevention? Does it have new information about vulnerable groups? What is the new information?
2. Does the information change our basic prevention message(s)?
3. Did the story contain misinformation? What was it?
4. Does the article use correct terminology? If not, what incorrect terminology was used and what terms should have been used?
5. How reliable is media coverage on HIV/AIDS and other STIs?

Optional Activities:

1. The *Kaiser Daily HIV/AIDS Report* provides daily updates on HIV/AIDS news – highlighting legislative, political, legal, scientific, and business developments related to HIV/AIDS and providing links to the full text of articles. If the group has access to the Internet, read the *Kaiser Daily HIV/AIDS Report* online at <http://report.kff.org/aidshiv/>.
2. Assign the group to watch an upcoming television special on HIV/AIDS or STIs. Discuss the special and its message.
3. Start each discussion with a question. For example, what news have you read or heard about this past week (today) about HIV/AIDS and other STIs?
4. The group may wish to develop its own newsletter on HIV/STIs or think of other ways to share information with other teens in the community.

HIV Transmission Game*

Purpose: To increase awareness of how quickly HIV and other STIs can be spread and how they can be stopped and to illustrate effects of peer pressure

Materials: Hershey's *Hugs & Kisses*, Hershey's *Almond Kisses*, index cards, pens/pencils, and a small brown paper bag for each TAP member

Time: 30 minutes

Planning notes: In each participant's bag (except one) place a mixture of approximately 10 to 12 *Hugs & Kisses* and one marked or unmarked index card. In one participant's bag put 10 to 12 *Almond Kisses* (instead of *Hugs & Kisses*) and an unmarked index card. Put a star (*) on the bottom of the bag with Almond Kisses.

- Mark the bottom corner of two index cards with a small “C.” Place each card in a different bag with *Hugs & Kisses*.
- Mark two other index cards with a small “IC.” Place each card in a different bag with *Hugs & Kisses*.
- Write on a fifth index card: *Do not participate. When asked, tell anyone who wants to exchange candy: ‘I do not want to exchange hugs and kisses.’* Place the card in a bag with *Hugs & Kisses* and put an “A” on the bottom of the bag.
- Write on two separate index cards: *Do not participate with anyone other than your partner. When asked, tell anyone (other than your partner) who wants to exchange candy: ‘I do not want to exchange hugs and kisses with anyone other than my partner.’* Place each card in a different bag with *Hugs & Kisses* and put an “M” on the bottom of each bag. Give these two bags to the two participants who are willing to sit in the front of room.
- Do not place any of the seven marked cards in the bag with *Almond Kisses*.

Procedure:

1. Ask for two participants who are willing to be partners and to sit in the front of the room throughout the entire exercise. Give each of these two participants a bag marked with an "M."
2. Hand out the other bags to the remaining participants. Explain that each participant is receiving a bag with Hershey's *Kisses* and an index card. Ask each participant to pull the card out of his/her bag and follow the instructions on it (if there are any) and to keep secret any instructions on his/her card.
3. Tell the participants that they are to exchange candy and that they should write on their index cards the name of everyone with whom they exchange candy.
4. Give participants about five minutes to exchange candy and to write down names. Then, have everyone return to his/her seat.
5. Find out who got the most signatures.
6. Ask the one person whose bag has a star (*) on the bottom to stand up. Explain that this was

the person who started out with *Almond Kisses* and that, for the purposes of this exercise, the *Almond Kisses* represent HIV infection.

7. Then, ask anyone who has an *Almond Kiss* in his or her bag to stand up. Explain that, because they exchanged *Hugs & Kisses* for *Almond Kisses*, they, too, are infected with HIV.
8. Ask everyone who is still seated to check their index cards for the name of anyone who is standing. Ask participants to stand up if they see the name of someone who is standing on their index cards. Continue to ask participants to stand until everyone except the three participants with the "M" and the "A" on the bottom of their bags are standing.
9. Ask the participants with "C" written on their cards to sit down. Explain that the "C" means they always used condoms or clean needles and protected themselves from HIV infection. They are not infected with HIV.
10. Ask the people with "IC" written on their cards to sit down. Then, ask them to stand right back up. Explain that these people used condoms and/or clean needles each time, but they used them incorrectly. They are infected with HIV.
11. Explain to the participants that this activity contains an error because someone might have received an *Almond Kiss* (HIV infection) and then given it away again. By contrast, you cannot give away HIV. Once you have it, you can share it with others; but, you can never get rid of it yourself.
12. Remind participants that this is a game. No one can become infected with HIV because he/she eats a particular kind of food nor by sharing or exchanging food.

Discussion Questions:

1. Did anyone notice anyone who did not stand up? Introduce the "abstinent" participant and the "monogamous" partners. Ask them how they felt not playing. How did the others feel when these people refused to exchange candy with them?
2. Why is it difficult not to participate when everyone else is participating?
3. How did the person with the *Almond Kisses* (HIV infection) feel?
4. The one person whose bag had a star did not know he/she was "infected" with HIV. How could we have known ahead of time?

* Adapted with permission from the Planned Parenthood of Maryland STARS program ©1991

Session 4, Activity B

The Circles of Human Sexuality

Purpose: To develop and understand a broad definition of sexuality

Materials: Newsprint and markers, board and chalk, Leader's Resources on *Circles of Sexuality* and *Sexual Development through the Life Cycle*; one copy of the handout, *Circles of Sexuality*, for each participant; pens or pencils

Time: 45 minutes

Planning Notes: Review the Leader's Resource, *Circles of Sexuality*, and draw a large version of it on newsprint or the board.

Procedure:

1. Explain that when many people see the words "sex" or "sexuality," they most often think of sexual intercourse. Others also think of other kinds of physical sexual activities. Tell the group that sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who every person is. It includes all the feelings, thoughts, and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.
2. Write *sexuality* on the board and draw a box around the letters *s-e-x*. Point out that *s*, *e*, and *x* are only three of the letters in the word *sexuality*.
3. Display the five circles of sexuality and give each teen a handout. Explain that this way of looking at human sexuality breaks it down into five different components: sensuality, intimacy, identity, behavior and reproduction, and sexualization. Everything related to human sexuality will fit in one of these circles.
4. Beginning with the circle labeled sensuality, explain each circle briefly. Take five minutes to read the definition of the circle aloud, point out its elements, and ask for examples of behaviors that would fit in the circle. Write the examples in the circle and ask participants to write them on their handouts. Continue with each circle until you have explained each component of sexuality.
5. Ask if anyone has any questions. Then conclude the activity using the discussion questions below.

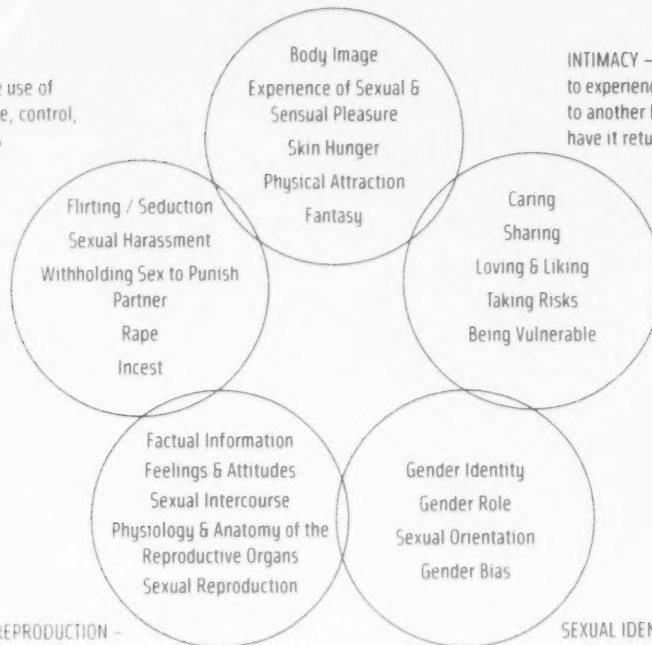
Discussion Questions:

1. Which of the five sexuality circles feels most familiar? Least familiar? Why do you think that is so?
2. Is there any part of these five circles that you never before thought of as *sexual*? Please explain.
3. Which circle is most important for teens to know about? Least important? Why?
4. Which circle would you feel interested in discussing with your parent(s)?
5. Which circle would you feel interested in talking about with someone you are dating?

Adapted from *Life Planning Education*. Washington, DC: Advocates for Youth, ©1995.

SENSUALITY – Awareness, acceptance of, and comfort with one's own body; physiological and psychological enjoyment of one's own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses – touch, taste, feel, sight, and hearing

INTIMACY – The ability and need to experience emotional closeness to another human being and to have it returned



SEXUAL IDENTITY - A sense of who one is sexually, including a sense of maleness or femaleness

78

An Explanation of the Circles of Sexuality

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviors associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Circle #1 – Sensuality

Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways.

- **Body image** – Feeling attractive and proud of one's own body and the way it functions influences many aspects of life. Adolescents often choose media personalities as the standard for how they should look, so they are often disappointed by what they see in the mirror. They may be especially dissatisfied when the mainstream media does not portray or does not positively portray physical characteristics the teens see in the mirror, such as color of skin, type or hair, shape of eyes, height, or body shape.
- **Experiencing pleasure and release from sexual tension** – Sensuality allows a person to experience pleasure when certain parts of the body are touched and as the culmination of the sexual response cycles with a partner. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive.
- **Satisfying skin hunger** – The need to be touched and held by others in loving, caring ways is often referred to as *skin hunger*. Adolescents typically receive considerably less touch from their parents than do younger children. Many teens satisfy their *skin hunger* through close physical contact with peers. Sexual intercourse may sometimes result from a teen's need to be held, rather than from sexual desire.
- **Feeling physical attraction for another person** – The center of sensuality and attraction to others is not in the genitals (despite all the jokes). The center of sensuality and attraction to others is in the brain, humans' most important "sex organ." The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia.
- **Fantasy** – The brain also gives people the capacity to have fantasies about sexual behaviors and experiences. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies.

Circle #2 – Sexual Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include

- **Sharing** – Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.
- **Caring** – Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.
- **Liking or loving another person** – Having emotional attachment or connection to others is a manifestation of intimacy.
- **Emotional risk-taking** – To have true intimacy with others, a person must open up and share feelings and

Circle #4

Reproduction and Sexual Health - These are a person's capacity to reproduce and the behaviors and attitudes that make sexual relationships healthy and enjoyable.

- **Factual information about reproduction** – Is necessary so youth will understand how male and female reproductive systems function and how conception and/or STI occur. Adolescents often have inadequate information about their own and/or their partner's body. Teens need this information so they can make informed decisions about sexual expression and protect their health. Youth need to understand anatomy and physiology because every adolescent needs the knowledge and understanding to help him/her appreciate the ways in which his/her body functions.
- **Feelings and attitudes** – Are wide-ranging when it comes to sexual expression and reproduction and to sexual health-related topics such as STI, HIV and AIDS, contraceptive use, abortion, pregnancy, and childbirth.
- **Sexual intercourse** – Is one of the most common behaviors among humans. Sexual intercourse is a behavior that may produce sexual pleasure that often culminates in orgasm in females and in males. Sexual intercourse may also result in pregnancy and/or STIs. In programs for youth, discussion of sexual intercourse is often limited to the bare mention of male-female (penile-vaginal) intercourse. However, youth need accurate information about three types of sexual intercourse – vaginal, oral, and anal intercourse.
- **Reproductive and sexual anatomy** – The male and female body and the ways in which they actually function is a part of sexual health. Youth can learn to protect their reproductive and sexual health. This means that teens need information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. This means that youth also need to know how to use latex condoms to prevent STI. Even if youth are not currently engaging in sexual intercourse, they probably will do so at some point in the future. They must know how to prevent pregnancy and/or disease.

Finally, youth also need to know that traditional methods of preventing pregnancy (that may be common in that particular community and/or culture) may be ineffective in preventing pregnancy and may, depending on the method, even increase susceptibility to STIs. The leader will need to determine what those traditional methods are, their effectiveness, and their side effects before he/she can discuss traditional methods of contraception in a culturally appropriate and informative way.

- **Sexual reproduction** The actual processes of conception, pregnancy, delivery, and recovery following childbirth are important parts of sexuality. Youth need information about sexual reproduction—the process whereby two different individuals each contribute half of the genetic material to their child. The child is, therefore, not identical to either parent. [Asexual reproduction is a process whereby simple one-celled organisms reproduce by splitting, creating two separate one-celled organisms identical to the original [female] organism before it split.] Too many programs focus exclusively on sexual reproduction when providing sexuality education and ignore all the other aspects of human sexuality.

Circle #5 - Sexualization

Sexualization is that aspect of sexuality in which people behave sexually to influence, manipulate, or control other people. Often called the "shadowy" side of human sexuality, sexualization spans behaviors that range from the relatively harmless to the sadistically violent, cruel, and criminal. These sexual behaviors include flirting, seduction, withholding sex from an intimate partner to punish her/him or to get something, sexual harassment, sexual abuse, and rape. Teens need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.

- **Flirting** – Is a relatively harmless sexualization behavior. Nevertheless, it is usually an attempt to manipulate someone else, and it can cause the person manipulated to feel hurt, humiliation, and shame.
- **Seduction** – Is a more harmful behavior. It always implies manipulating someone else, usually so that other person will have sexual intercourse with the seducer. The seducer is using the person seduced for his/her own sexual gratification.
- **Sexual harassment** – Is an illegal behavior. Sexual harassment means harassing someone else because of her his gender. It could mean making personal, embarrassing remarks about someone's appearance, especially characteristics associated with sexual maturity, such as the size of a woman's breasts or of a man's testicles and penis. It could mean unwanted touching, such as hugging a subordinate or patting someone's bottom. It could mean demands by a teacher, supervisor, or other person in authority for sexual intercourse in exchange for grades, promotion, hiring, raises, etc. All these behaviors are manipulative. The laws of the United States provide protection against sexual harassment. Youth should know that they the right to file a complaint with appropriate authorities if they are sexually harassed and that others may complain of their behavior if they sexually harass someone else.
- **Rape** – Means coercing or forcing someone else to have genital contact with another. Rape can include forced petting as well as forced sexual intercourse. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. Youth need to know that rape is always illegal and always cruel. Youth should know that they are legally entitled to the protection of the criminal justice system if they are the victims of rape and that they may be prosecuted if they force anyone else to have genital contact with them for any reason. Refusing to accept no and forcing the other person to have sexual intercourse always means rape.
- **Incest** – Means forcing sexual contact on any minor who is related to the perpetrator by birth or marriage. Incest is always illegal and is extremely cruel because it betrays the trust that children and youth give to their families. Moreover, because the older person knows that incest is illegal and tries to hide the crime, he/she often blames the child youth. The triple burden of forced sexual contact, betrayed trust, and self-blame makes incest particularly damaging to survivors of incest.

[illegible]

Sexual Development through the Life Cycle

Many people cannot imagine that everyone—babies, children, teens, adults, and the elderly—are sexual beings. Some believe that sexual activity is reserved for early and middle adulthood. Teens often feel that adults are too old for sexual intercourse. Sexuality, though, is much more than sexual intercourse and humans are sexual beings throughout life.

- **Sexuality in infants and toddlers** – Children are sexual even before birth. Males can have erections while still in the uterus, and some boys are born with an erection. Infants touch and rub their genitals because it provides pleasure. Little boys and girls can experience orgasm from masturbation although boys will not ejaculate until puberty. By about age two, children know their own gender. They are aware of differences in the genitals of males and females and in how males and females urinate.

- **Sexuality in children ages three to seven** – Preschool children are interested in everything about their world, including sexuality. They may practice urinating in different positions. They are highly affectionate and enjoy hugging other children and adults. They begin to be more social and may imitate adult social and sexual behaviors, such as holding hands and kissing. Many young children play “doctor” during this stage, looking at other children’s genitals and showing theirs. This is normal curiosity. By age five or six, most children become more modest and private about dressing and bathing.

Children of this age are aware of marriage and understand living together, based on their family experience. They may role-play about being married or having a partner while they "play house." Most young children talk about marrying and/or living with a person they love when they get older. School-age children may play sexual games with friends of their same sex, touching each other's genitals and/or masturbating together. Most sex play at this age happens because of curiosity.

- **Sexuality in preadolescent youth ages eight to 12** Puberty, the time when the body matures, begins between the ages of nine and 12 for most children. Girls begin to grow breast buds and public hair as early as nine or 10. Boys' development of penis and testicles usually begins between 10 and 11. Children become more self-conscious about their bodies at this age and often feel uncomfortable undressing in front of others, even a same-sex parent.

Masturbation increases during these years. Preadolescent boys and girls do not usually have much sexual experience, but they often have many questions. They usually have heard about sexual intercourse, petting, oral sex, and anal sex, homosexuality, rape and incest, and they want to know more about all these things. The idea of actually having sexual intercourse, however, is unpleasant to most preadolescent boys and girls.

Same-gender sexual behavior is common at this age. Boys and girls tend to play with friends of the same gender and are likely to explore sexuality with them. Masturbating together and looking at or caressing each other's genitals is common among preadolescent boys and girls. Such same-gender sexual behavior is unrelated to a child's sexual orientation.

Some group dating occurs at this age. Preadolescents may attend parties that have guests of both genders, and they may dance and play kissing games. By age 12 or 13, some young adolescents may pair off and begin dating and/or "making out." In some urban areas, preadolescent boys seek out situations in which they experience vaginal intercourse. Young women are usually older when they begin voluntary sexual intercourse.

However, many very young teens practice sexual behaviors other than vaginal intercourse, such as petting to orgasm and oral intercourse.

- **Sexuality in adolescent youth (ages 13 to 19)** Once youth have reached puberty and beyond, they experience increased interest in romantic and sexual relationships and in genital sex behaviors. As youth mature, they experience strong emotional attachments to romantic partners and find it natural to express their feelings within sexual relationships. There is no way to predict how a particular teenager will act sexually. Overall, most adolescents explore relationships with one another, fall in and out of love, and participate in sexual intercourse before the age of 20.
- **Adult sexuality** Adult sexual behaviors are extremely varied and, in most cases, remain part of an adult's life until death. At around age 50, women experience menopause, which affects their sexuality in that their ovaries no longer release eggs and their bodies no longer produce estrogen. They may experience several physical changes. Vaginal walls become thinner and vaginal intercourse may be painful as there is less vaginal lubrication and the entrance to the vagina becomes smaller. Many women use estrogen replacement therapy to relieve physical and emotional side effects of menopause. Use of vaginal lubricants can also make vaginal intercourse easier. Most women are able to have pleasurable sexual intercourse and to experience orgasm for their entire lives.

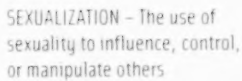
Adult men also experience some changes in their sexuality, but not at such a predictable time as with menopause in women. Men's testicles slow testosterone production after age 25 or so. Erections may occur more slowly once testosterone production slows. Men also become less able to have another erection after an orgasm and may take up to 24 hours to achieve and sustain another erection. The amount of semen released during ejaculation also decreases, but men are capable of fathering a baby even when they are in their 80's and 90's. Some older men develop an enlarged or cancerous prostate gland. If the doctors deem it necessary to remove the prostate gland, a man's ability to have an erection or an orgasm is normally unaffected. Recently, Viagra has become available to help older men achieve and maintain erections.

Although adult men and women go through some sexual changes as they age, they do not lose their desire or their ability for sexual expression. Even among the very old, the need for touch and intimacy remains, although the desire and ability to have sexual intercourse may lessen.

Activity 4, B Handout

Circles of Sexuality

SENSUALITY - Awareness, acceptance of, and comfort with one's own body; physiological and psychological enjoyment of one's own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses - touch, taste, feel, sight, and hearing



INTIMACY – The ability and need to experience emotional closeness to another human being and to have it returned

- Flirting / Seduction
- Sexual Harassment
- Withholding Sex to Punish Partner
- Rape
- Incest

- Caring
- Sharing
- Loving & Liking
- Taking Risks
- Being Vulnerable

- Factual Information
- Feelings & Attitudes
- Sexual Intercourse
- Physiology & Anatomy of the Reproductive Organs
- Sexual Reproduction

- Gender Identity
- Gender Role
- Sexual Orientation
- Gender Bias

SEXUAL HEALTH and REPRODUCTION - Attitudes and behaviors related to producing children; care and maintenance of the genitalia and reproductive organs; health consequences of sexual behavior

SEXUAL IDENTITY – A sense of who one is sexually, including a sense of maleness or femaleness

BEST COPY AVAILABLE

Rating Behaviors**

Purpose: To help identify means of HIV transmission and those behaviors that are safer

Materials: A copy of the Leader's Resource, *Rating Behaviors*

Time: 30 minutes

Planning Notes: Review the *Rating Behaviors* Leader's Resource. Prepare three signs that say Definitely a Risk, Probably Not a Risk, and Definitely Not a Risk. Place the signs in three different places on the room's walls

Procedure: Tell the TAP members that this exercise will help them understand which behaviors place people at risk for HIV/STI and which behaviors do not. Read a behavior from the list in the leader's resource and ask the youth to stand near the sign that reflects what they believe. After each behavior, discuss the following points:

1. Why is this behavior risky or not risky?
2. How do we know that casual contact does not spread HIV/STIs?
3. What behaviors still need additional research? If a risk is uncertain, how can a person decide about that behavior?
4. How can teens prevent transmission?
5. Conclude with the Discussion Points below.

Discussion Points:

1. How do you feel about risky, risk-free, and low risk behavior?
2. How important do you feel it might be to change the focus on a teen's sexual behavior from one that focuses on sexual intercourse to one that focuses on sexual expression? Why?
3. What impact could this have on activities you design for your peers?

Optional Activities:

Have the group brainstorm a list of safe and safer sex guidelines for teenagers. Remember to emphasize the broad nature of sexuality as discussed in *Circles of Sexuality*. Examples of risk-free activities include talking, touching, massaging, and dancing. Low-risk activities include, among others, deep kissing and using a condom during vaginal intercourse. For more information on the broad nature of sexuality, see the Leader's Resource #1 from the previous activity, *Circles of Sexuality*.

Session 4, C
Leader's Resource

Rating Behaviors **

Behavior	Definitely a Risk	Probably Not a Risk	Definitely Not a Risk
No sexual intercourse			X
Sharing needles in using injection drugs	X		
Sexual intercourse without using condoms	X		
Kissing			X
Receiving a blood transfusion today		X	
Donating blood			X
Using a public toilet			X
Using a public telephone			X
Shaking hands with a person living with AIDS			X
Hugging a person living with AIDS			X
Being coughed on by a person infected with HIV			X
Going to school with a person who lives with AIDS			X
Being born to a mother with HIV	X		
Being bitten by a mosquito			X
Swimming in a pool			X
Sharing a toothbrush			X
Sharing needles for ear piercing or home tattoos	X		
Sexual intercourse with proper use of a latex condom		X	

** Adapted with permission from *Educator's Guide to HIV/AIDS and Other STDs* © 2000. Available from Health Education Consultants, 1284 Manor Park, Lakewood OH 44107 or e-mail drssroka@aol.com.

Purpose:	To introduce vocabulary about HIV and AIDS and to present methods for seeking additional information about HIV
Materials:	A copy of the <i>HIV/AIDS Vocabulary List</i> handout for each TAP member, 5 x 7 index cards, pamphlets on HIV, and contact information national and local hotlines and health departments
Time:	45 minutes
Planning notes:	Write one word from the HIV/AIDS Vocabulary List on each index card. Select some or all of the words on the list to use in the game, adding others as appropriate.
Procedure:	Ask for an even number of volunteers (eight to 16). Have each volunteer bring his/her chair and align the chairs so that the volunteers face each other in pairs. For example, if there are 10 volunteers, have one row of five facing another row of five to create five teams of two each.

X	X	X	X	X
—	—	—	—	—
X	X	X	X	X

1. Tell participants that they will be doing an exercise that is similar to the old TV game show, *Password*. You will hold up a card with a word on it so that only one member of one team will be able to see the word. Half the participants will have their backs to you. The team member who can see the word must think of a one-word clue that will enable his/her partner to guess the word on the card. (For example, if the word is *homosexual*, the clue could be *gay*.) The partner has only one chance to guess the correct word. If he/she does not guess correctly, you will move on to the next team and again hold up the same card with the same word. Encourage participants to use slang terms to help their partners.
2. Proceed down the row until someone gives the correct answer. If either the clue giver or the one guessing takes too long, say the team has lost its chance and move on down the row. Participants may pass, but encourage everyone to participate even if they are unsure what the word means. This game is fun, and people can have a good time using some of the slang words they know.
3. Proceed on in this fashion, but give everyone a chance to be the clue giver and the one who guesses the word. This will mean that you will alternate the sides on which you hold up a new card.
4. After a team has guessed the word correctly, ask all the TAP members to participate in explaining what the word means and why it is an issue in HIV/STI prevention.
5. Play the game for about 30 minutes and then process this activity by discussing how these words relate to HIV/AIDS and how the epidemic almost has a language of its own. Some of the most interesting words to process will be ones like fear and loneliness because they often bring up interesting discussions. You may also want to point out that we have many slang words for our sexual organs and sexual body parts, but few for other body parts—such as *elbow*—with which we are more comfortable.
6. Give each TAP member a copy of the *HIV/AIDS Vocabulary List* handout to keep. Go over the vocabulary quickly and ask youth to make note of any questions raised by any word(s) on the list. Suggest that they leave questions about particular words in the Suggestion Box for discussion at the beginning of the next session.

HIV/AIDS Vocabulary List

WORD	Relevance to HIV/STI Prevention Education
Abstinence	See Sexual abstinence.
AIDS	Acquired immunodeficiency syndrome; a collection of illnesses which signal that one's immune system has been damaged or suppressed by HIV infection
Anonymous testing	Testing in which no name is asked or given so that no one knows the identity of the person being tested.
Antibody	A specialized cell found in the blood that attacks and kills or attempts to kill a specific bacteria or virus.
Anus	The anus can be easily bruised or injured during anal intercourse, thus providing an easy route for HIV transmission if the intercourse is unprotected.
Asymptomatic	Showing no outward sign of infection, not feeling sick.
AZT	Zidovudine, a medicine which helps the body strengthen the immune system and can improve the health of a person infected with HIV and/or living with AIDS
Baby	An HIV infected pregnant woman can transmit HIV to her fetus before its birth and to her infant(s) during birth or in breastfeeding. Not all babies born to HIV-positive mothers will be HIV infected. When the mothers take medication, such as AZT, the virus is passed on to the baby only about 10 percent of the time.
Bisexual	Physical and romantic attraction to people of each gender.
Blood	Blood can transmit HIV. The Food and Drug Administration, a government organization, works with blood banks to ensure that the blood used in hospitals and other medical situations is safe.
CD4	One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell; CD4 molecules are present on CD4 cells (helper t-lymphocytes), which play an important role in fighting infections (foreign bodies).
CDC	The Centers for Disease Control and Prevention (CDC) is the U.S. government agency primarily tasked to respond to the HIV/AIDS epidemic in the United States.
Clitoris	The part of the female genitalia that provides pleasure and that can be stimulated without having sexual intercourse.
Communication	Good communication is necessary in order to negotiate sexual abstinence or condom use between romantic/sexual partners.
Condom	Latex condoms, used consistently and correctly, can prevent the transmission of HIV.
Confidential testing	Testing in which people must give a name but the information is kept secret (confidential).

Death	AIDS is fatal.
Drunk	Judgment and coordination decrease when one is drunk. A drunken person may have difficulty making healthy decisions about sexual behaviors and may have difficulty in correctly using a condom.
ELISA test	Enzyme-linked immunosorbent assay – a commonly used test used to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another, different test – a western blot.
Epidemic	The spread of an infectious disease to many people in a population or geographic area.
Erection	When the penis fills with blood and becomes hard, this is called an erection. It is time to put on a latex condom if having sexual intercourse.
Fear	People often fear people with AIDS because they don't understand how HIV is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behavior; at other times it does not.
Friend	People with AIDS need friends.
HAART	Highly active anti-retroviral therapy – aggressive anti-HIV treatment, usually including a combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.
Helper t-lymphocytes	These cells play an important role in fighting infections by attacking and killing foreign bodies (such as bacteria and viruses) in the blood stream. See also CD4 for method by which HIV invades these cells.
Heterosexual	Physical and romantic attraction to people of the opposite gender.
HIV	Human immunodeficiency virus – the virus shown to cause AIDS.
HIV infection	Infection with the human immunodeficiency virus which may or may not make the infected person feel or be sick.
HIV negative	HIV negative (HIV-) means that a person's blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing antibodies to HIV is HIV-positive (HIV+).
HIV positive	HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies – white blood cells that are created by an individual's immune system because of the presence of HIV. Those not showing HIV antibodies are HIV negative (HIV-).
Homosexual	Physical and romantic attraction to people of the same gender.
Immune system	A system in the body that fights and kills bacteria, viruses, and foreign cells and which is weakened by HIV.
Infectious disease	A disease that is caused by infection; HIV is caused by infection with a virus, the human immunodeficiency virus.
Injection drug use	Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a needle and syringe; using needles that have previously been used by other people can transmit HIV.

Kaposi's sarcoma	A type of cancer once commonly found only in older men and now frequently seen in people infected with HIV.
Loneliness	Lonely people sometimes engage in sexual risk-taking behavior.
Lubrication	For greater comfort during sexual intercourse, latex condoms should be used with a water-soluble lubricant, such as KY jelly. Oil-based lubricants, such as Vaseline or hand cream, should not be used with latex condoms because oil destroys latex.
Marriage	Waiting until marriage to have sexual intercourse is a value held by some people and some religions.
Masturbation	Masturbation – gentle rubbing of the genitals by oneself or with another individual (mutual masturbation) – is one way to release sexual tension without having sexual intercourse.
Nonoxynol-9	Nonoxynol-9 (N-9) is a spermicide, an agent that kills sperm. The CDC reports that in important research with commercial sex workers, N-9 did not prevent HIV transmission and may have caused more transmission of HIV. Women who used N-9 frequently had more vaginal lesions, which might have facilitated the transmission of HIV. N-9 should not be recommended as an effective means of HIV prevention.
Opportunistic conditions	Infections or cancers that normally occur only in someone who has a weakened immune system due to AIDS, cancer, chemotherapy, or immunosuppressive drugs. Kaposi's sarcoma and pneumocystis carini pneumonia are examples of an opportunistic cancer and an opportunistic infection, respectively.
Pneumocystis carini	A type of pneumonia caused by a bacterium that is present in all lungs but which can make a person very sick when she or he has a weakened immune system.
Penis	The part of the male genitalia that provides pleasure; it can be stimulated without having sexual intercourse. Males should use a latex condom over the erect penis during oral, vaginal, and/or anal intercourse.
Pill	Oral contraception ("the pill") is an effective form of birth control, but it provides no protection against HIV. Latex condoms must be used during sexual intercourse to prevent HIV/STI.
PLWA (PLWH)	Person living with AIDS, or person living with HIV.
Protease	An enzyme that triggers the breakdown of proteins; HIV's protease allows the virus to multiply within the body.
Protease inhibitor	A drug that binds to HIV protease and blocks it from working, preventing the production of new, functional viral particles.
Relationships	In healthy romantic relationships, both partners can communicate clearly about their needs, including their sexual desires and limits.
Respect	Having respect for one's romantic partner means listening, communicating, and trusting each other, all of which are necessary to negotiate abstinence or condom use. Having respect for oneself means saying clearly what one wants and needs.

Retrovirus	The type of virus that stores its genetic information in a single-stranded RNA molecule, instead of in double-stranded DNA; HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus' genetic material becomes part of the cell.
Reverse transcriptase	A viral enzyme that constructs DNA from an RNA template – an essential step in the life cycle of a retrovirus such as HIV.
Safer sex	A commonly used term describing sexual practices which minimize the exchange of blood, semen, and vaginal fluids.
Semen	Semen is the fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV infected. Semen can transmit HIV.
Seroconversion	Development of detectable antibodies to HIV in the blood as a result of infection with HIV; it normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.
Sexual abstinence	Abstinence from sexual intercourse – at this time and/or in this relationship – is the best way to protect oneself from the sexual transmission of HIV.
Status	Whether one is or is not infected with HIV or other STIs; awareness of whether one is infected with HIV and/or other STIs.
STD	Sexually transmitted disease, another commonly used acronym for STI.
STI	Sexually transmitted infection, another commonly used acronym for STD.
Trust	Trusting that sexual partners will tell the truth about past behaviors and/or HIV/STI status may not always be safe. Trusting that sexual partners always <u>know</u> the truth about HIV/STI status is also not always safe.
Undetectable	Status of some PLWHs whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (like Magic Johnson, for example).
Vagina	The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.
Victim	The word victim (as in "AIDS victim" or "innocent victim") is a word that many people with HIV/AIDS find demeaning. More acceptable terms are <u>PLWH</u> for <u>Person Living with HIV</u> and <u>PLWA</u> for <u>Person Living with AIDS</u> .
Viral load	The amount of HIV per unit of blood plasma; used as a predictor of disease progression; see also retrovirus.
Western blot	A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All positive HIV antibody tests should be confirmed with a western blot test.

Purpose: To assist individuals to develop individual definitions of abstinence, based on individual, family and community value systems

Materials: Newsprint and markers

Time: 50 minutes

Planning notes: Before the session begins, prepare newsprint listing the behaviors from *Defining Sexual Abstinence* Leader's Resource #1. See the additional Leader's Resource, *User's Guide to Sexual Abstinence*, for ideas that you may want to share with TAP members after they have done this exercise.

Procedure: On newsprint, write out SEXUAL ABSTINENCE.

1. Brainstorm with the entire group for a definition of **sexual abstinence**, writing down ideas as they are expressed. Do not attempt to edit or to limit these ideas.
2. Have the group count off to form small groups of three to six people, depending on group size. When the groups are formed, give each group five minutes to come up with its own definition of sexual abstinence.
3. After five minutes, display the list of behaviors.
4. Ask the small groups to work through the list of behaviors and decide (as a group) which behaviors are consistent with their group's definition of sexual abstinence. Say they will have 15 minutes to do this.
5. Have each group report back its definition, what the group discussed, and which behaviors are consistent with its definition of abstinence.
6. Facilitate the discussions. Explain that the purpose of the exercise is to help young people develop their own, individual definitions of sexual abstinence and be able to communicate that definition to a romantic or sexual partner. Discuss the points in the *User's Guide to Sexual Abstinence*.

Which of the following behaviors are consistent with sexual abstinence?

- Kissing with mouth closed
- Holding hands
- Hugging with hands on each other's back
- Flirting using the eyes only
- Open mouth kissing (French kissing)
- Touching each other's lower body with clothes on
- Mouth contact with partner's breasts
- Hugging with hands on each other's buttocks
- Hands on one another's genitals
- Masturbation
- Mutual masturbation
- Reading/viewing erotica (anything that turns you on)
- Oral intercourse
- Vaginal intercourse
- Anal intercourse
- Cybersex

Section 5, Activity B

Leader's Resource #2

A User's Guide to Sexual Abstinence

- Sexual abstinence means different things to different people.
- Sexuality and sexual feelings are normal. How we choose to express and not express those feelings is a personal decision. What is right for me may not be right for you.
- Sexual abstinence, like contraception, is only effective when it is used correctly and consistently.
- To be sexually abstinent is a decision that has to be made by each individual. Sexual abstinence cannot effectively be imposed on others.
- To have sexual intercourse or to be sexually abstinent is a decision that each individual makes repeatedly throughout life. In other words, to have sexual intercourse or to be sexually abstinent is not a permanent, one-time decision.
- Sexual abstinence requires planning, commitment, and skill in being assertive.
- Sexual abstinence is an option that can be used at any time.
- Knowledge of contraceptive options and how to protect oneself is helpful when a person decides it is right for her/him to engage in sexual intercourse.
- Sometimes, a person who intends to abstain from sexual intercourse is forced or pressured into unwanted sexual activity.

Purpose: To increase knowledge of the male and female genitalia and reproductive systems

Materials: A copy of the *Female Genitals, Female Reproductive Organs, and Male Genitals and Reproductive Organs* handouts for each TAP member, enlarged illustrations of each handout, a copy of *Anatomy and Physiology of Reproduction* Leader's Resource, stapler, and pens/pencils

Time: 45 minutes

Planning Notes: Prepare enlarged illustrations of the male and female genitals and reproductive organs for use in Step 4. If you have an overhead projector, you can create transparencies from the handouts. Review the *Anatomy and Physiology of Reproduction* Leader's Resource until you feel comfortable with the material. You do not have to be an expert on human reproduction to conduct this activity, but you need to be comfortable with the terminology, such as penis, vagina, anus, and sexual intercourse.

Collate and staple the three handouts to create packets for each participant.

Procedure:

1. Explain to the teens that you are going to give them a quiz to see how much they actually know about the female and male reproductive systems. Explain that no one will be graded on this quiz and that its purpose is to help the participants. Ask the group to work together in pairs. Go over the instructions for the activity:
 - Fill in the blanks on all three handouts with the correct name of each body part.
 - Do not worry about spelling.
 - If you do not know the correct (medical) term for a body part, use the word(s) you know.
2. Give each TAP member a packet of handouts and tell the group to begin working.
3. After most of the teens have finished, display the enlarged illustration of the Female Genitals handout. Add any missing information from the Leader's Resource. Be sure the following points are made:
 - Explain that vulva is the correct term for the female external genitals, even though it is not a familiar term to most people, including adults. Point out that some people believe harmful and negative myths about the female vulva – such as that it is dirty or ugly – and emphasize that these myths are not true. The vulva is a normal, healthy part of the female body, just like the penis and scrotum are normal, healthy parts of the male body.
 - Go over the individual parts of the vulva, labeling and explaining each. Point out the following:
 - ♦ The clitoris is a highly sensitive part of a female's body. Its function is to provide sexual pleasure.
 - ♦ The vulva has two openings, each with its own function – the opening to the vagina and the opening to the urethra.

- ◆ The anus is not part of the vulva.
 - ◆ A female can see this part of her body by holding a hand mirror between her legs.
- Display the enlarged illustration of the *Female Reproductive Organs* handout. Ask for a volunteer to explain the female reproductive process, beginning with ovulation and ending with the menstrual period. Ask the group to assist if the volunteer runs into difficulty. Add any missing information from the Leader's Resource. Be sure to following points are made:
- ◆ When she is born, a female has thousands of egg cells in her ovaries. Together, these egg cells are called ova; one egg is called an ovum.
 - ◆ During the years that females menstruate, they release only a small percentage of their ova.
 - ◆ During puberty, a female's ovaries begin to release one ovum each month. Once that process has begun, a female is capable of becoming pregnant any time she has vaginal intercourse with a male partner.
 - ◆ Conception occurs when a sperm cell fertilizes the ovum after it has left the ovary.
- Display the enlarged illustration of the *Male Genitals and Reproductive Organs* handout. Ask for a second volunteer to explain the male reproductive process, beginning with sperm production and ending with ejaculation. Add any missing information from the Leader's Resource. Be sure to following points are made:
- ◆ A male is born with two round glands, called testicles, located in the lower part of his body, near his penis.
 - ◆ The penis is a highly sensitive part of a male's body, especially the head of the penis, called the glans.
 - ◆ The penis has one opening that performs more than one function – release of urine or release of sperm in seminal fluid.
 - ◆ At maturity a male's testicles begin to produce and store millions of sperm cells.
 - ◆ Sperm cells can only be produced at 96.6 degrees – two degrees below normal body temperature. The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles further from the body when it is hot to keep them at the right temperature for sperm production and storage.
 - ◆ When a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.
 - ◆ If ejaculation occurs inside a female's vagina or near its opening, sperm can swim up into the female's Fallopian tubes. If there is an ovum in the Fallopian tube, conception occurs when the sperm fertilizes the egg cell.

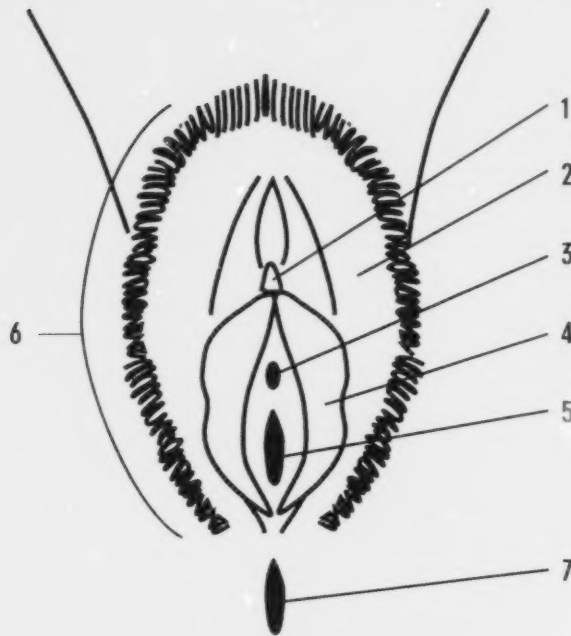
Discussion Questions:

1. Which parts of the male and female anatomy are the same or similar? (Possible answers: Both have a urethra and an anus; the clitoris and the glans are similar because they contain many nerve endings and are highly sensitive.)
2. Why do males generally feel more comfortable than females about their genitals? (Possible answer: Males can see their genitals and are taught to touch and handle their penis to urinate. Females cannot easily see their genitals and are often discouraged from touching them.)

3. Why is it important to feel comfortable touching your own genitals? (Possible answers: (a) Genitals are sources of erotic pleasure, and masturbation is a risk-free way of expressing and experiencing one's sexuality. (b) Males need to touch their testicles to feel for lumps that might be a sign of testicular cancer. (c) Females use tampons. (d) For both sexes, some methods of contraception require touching the genitals.)
4. Why is it important for teens to understand exactly how and when conception occurs? (Possible answers: (a) It is always important for teens to know how their bodies function, and how they can stay healthy and (b) Knowing exactly how and when conception occurs is necessary so that teens know how to prevent pregnancy, by abstaining from vaginal intercourse or by using effective contraception.)
5. Remembering the Circles of Sexuality exercise, which aspects of sexuality and sexual expression are ignored or excluded if one focuses only on genitalia and reproduction? What implications does this narrowed focus have for HIV prevention education?

Session 6, Activity A

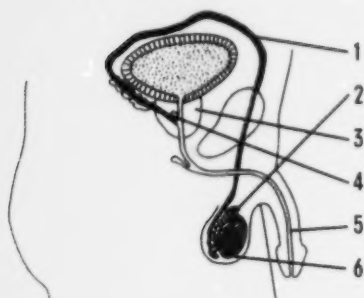
Female Genitals



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____ (not part of the genitals)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Male – Internal



1. Vas deferens
2. Epididymis
3. Prostate gland
4. Seminal vesicles
5. Urethra
6. Testis

A line drawing of a flower with five labels pointing to different parts: 1 points to the petals, 2 points to the sepals, 3 points to the stamens, 4 points to the pistil, and 5 points to the ovary.

1. Penis
2. Scrotum
3. Foreskin
4. Glans
5. Opening to the urethra

A diagram of the female reproductive system. The uterus is shown in the center, with fallopian tubes extending from the upper corners. The ovaries are located at the ends of the fallopian tubes. The diagram is labeled with numbers 1 through 5. Label 1 points to the fallopian tube, label 2 points to the ovary, label 3 points to the uterus, label 4 points to the cervix, and label 5 points to the vagina.

1. Fallopian Tubes
2. Ovaries
3. Uterus (Womb)
4. Cervix
5. Vagina

A detailed line drawing of the female genitalia (epiproct) of a blowfly. The structure is roughly oval-shaped with a fringed, hairy outer margin. Inside, there are several internal structures, including a central, elongated, and slightly curved organ. The diagram is labeled with numbers 1 through 7, pointing to specific anatomical features: 1 points to the outer fringe, 2 points to the central structure, 3 points to a small, dark, oval structure, 4 points to a small, dark, oval structure, 5 points to a small, dark, oval structure, 6 points to a small, dark, oval structure, and 7 points to a small, dark, oval structure.

1. Vulva
2. Labia majora (outer lips)
3. Clitoris
4. Opening to the urethra
5. Labia minora (inner lips)
6. Opening to the vagina
7. Anus (not part of the genitals)

Session 6, Activity B

STI Basketball

Purpose: To provide information about STIs, how they are contracted and how they affect health

Materials: Leader's Resource, STI Facts: True or False; container; prizes (optional)

Time: 45 minutes

Planning Notes: Invite a practitioner from a local STI or health clinic to co-lead this session with you and to provide an opportunity for teens to become familiar with information about the clinic. Knowing a friendly face at a local clinic may make it easier for teens to go there when they need health services. Duplicate the Leader's Resource, then cut the copy into strips that contain the statements only. (They are the sentences in boldface.) Fold the strips before placing them in a container for steps 5, 6, and 7.

Obtain pamphlets on STIs from a local health department or a family planning clinic. Display the pamphlets and information from the clinic in a prominent area of the room.

Procedure:

1. Tell teens that is important for them to know the risks of sexually transmitted infections and to know that using latex condoms can help reduce that risk. Equally important, teens need to know more about STIs, how they are spread, and how to identify them.
2. Divide into four teams and have each team move to one corner of the room.
3. Tell teens that their team will play against the others in a game that is scored like basketball. The team with the most points wins. Go over instructions for the game.
 - Each team will draw a statement about STIs. The team must decide whether the statement is true or false.
 - If the answer is correct, the team will get two points. If the team can also explain why the answer is correct, it gets another point (like the extra point for a successful basket from the free throw line.)
 - If the team cannot explain the answer, another team can try for the extra point.
4. Have someone from the first team draw a statement and confer with his/her team members to decide whether it is true or false. Ask the team member who drew the statement to declare what the team has agreed – The statement is true or the statement is false.
5. Ask the team to explain the statement and award an extra point if the explanation is correct. If not, allow any other team to try for the extra point. You can award more than one extra point. Use your judgment to determine if a team provides useful information.
6. As the game progresses, use the Leader's Resource to add any additional information about the statements. Make sure to keep an accurate score.
7. When all the statements have been addressed, announce first, second, third, and fourth places and give out prizes, if you have them.
8. Conclude the activity using the Discussion Questions below.

STI Facts: True or False?

1. A person can always tell if she/he has an STI.

False. People can and do have STIs without having any symptoms. Women often have STIs without symptoms because their reproductive organs are internal. However, men infected with some STIs, such as chlamydia, also may have no symptoms. People infected with HIV, the virus that causes AIDS, generally have no symptoms for some time, even years, after infection.

- 2. With appropriate medical treatment, all STIs, except HIV, can be cured.**

False. Herpes and human papillomavirus (genital warts) are STIs caused by viruses. Neither can be cured at the present time.

- ### 3. Condoms are the most effective safeguard against the spread of STIs.

False. Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms are the next best thing, but only complete sexual abstinence is 100 percent effective. Remember, however, that some STIs can be spread by sexual behaviors other than sexual intercourse when the infected area is exposed and touched. For example, if genital warts infect the groin area, infection can spread to a partner whose groin area came into contact with the infected area. Or, if one person has herpes sores and a partner touches those sores, then touches his/her own mouth, eyes, groin, or anus, herpes can infect those areas on the previously uninfected partner.

4. Using latex condoms will help prevent the spread of STIs.

True. Latex condoms can help prevent the spread of most STIs when the condoms are used correctly and consistently. Latex condoms are not 100 percent effective because

- They break occasionally or come off during sexual intercourse.
- Condoms will not protect against infection from genital warts that grow on areas of the genitalia and groin that are not covered by the condom.

Lambskin condoms are ineffective and should not be used at all.

- 5. The organisms that cause STIs can only enter the body through a woman's vagina or a man's penis.**

False. STI bacteria and STI viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and, in some cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared IV drug needles, or when an open wound comes into contact with infected blood.

- 6. Women who have regular Pap smears will also find out at that time if they have an STI.**

False. The Pap smear is a test specifically for cancer and/or pre-cancerous conditions of the cervix. It may occasionally detect herpes infection, but it will not indicate the presence of other STIs. A woman who thinks she may have been exposed to an STI must be honest with her health practitioner and ask for STI tests.

- 7. Teens can receive testing and treatment for STIs without parents being notified.**

True. In every state, teens can receive confidential testing and treatment for STIs in STI and other public health clinics. In many states, confidential testing and treatment for STIs is available for youth as young as 12 years old, although some states limit confidential testing and treatment for STIs to those above age 14 or 15.

- True.** STIs are only spread by close sexual contact with an infected person. Anyone can also be infected with HIV by sharing needles or "works" with an infected person for injection drug use.

- False.** STIs have existed since people began recording their history. There is evidence of medical damage caused by STIs in ancient writings, art, and skeletal remains. Writers of the Old Testament, Egyptian writers from the time of the pharaohs, and the famous Greek physician Hippocrates all mention symptoms of diseases and suffering caused by what we know today to have been STIs. Researchers and physicians began to find cures for most STIs during the 20th century. However, some STIs, such as herpes and genital warts, still cannot be cured.

- True.** HIV infection, which can be spread through sexual contact, injures the immune system until AIDS (acquired immunodeficiency syndrome) results. AIDS is fatal. Genital warts may be related to cervical cancer, which, if not treated, may become invasive and result in women's dying. Genital herpes can blind and otherwise injure babies born when infected women have open herpes lesions. Some STIs, such as gonorrhea and chlamydia, can cause pelvic inflammatory disease (PID). If untreated, PID may cause sterility, heart disease, and/or death. Untreated syphilis can result in brain damage and death in infected people and, when infants are born to infected women, syphilis can cause severe retardation in the infants.

- False.** Infants can contract some STIs, such as and HIV infection and herpes, during pregnancy and/or birth. Also, some STIs, as we have noted before, can be spread by close sexual contact that does not include vaginal, anal, or oral intercourse.

- False.** Once an STI infects a person, it begins damaging his/her health. If someone waits weeks or months before getting tested and beginning treatment, his/her health may be permanently damaged. Treatment may be unable to reverse this damage. In addition, the infected person can spread STI to sexual partners.

- True.** Oral contraceptives do not protect against STI, so a condom or other barrier protection, such as a dental dam, is still necessary for protection against STIs, including HIV.

- True.** Personal cleanliness alone cannot prevent STIs, but washing away a partner's body fluids right after sexual intercourse may be somewhat helpful. Washing will not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.

- 15. It is possible to get some STIs from kissing.**

True. It is rare, but it is possible to be infected with syphilis through kissing if the infected person has chancres (small sores) in or around the mouth. Herpes can also be spread by kissing if a person has herpes lesions around the mouth.

16. Oral intercourse is a safe way to have sexual intercourse if you do not want to get a disease.

False. It is possible to be infected with HIV, gonorrhea, syphilis, and herpes from oral intercourse.

17. People usually know they have an STI within two to five days after being infected.

False. Many people never have symptoms, and others may not have symptoms for weeks or years after being infected. HIV infection may not show symptoms for years, but the infected person is capable of infecting others during that time.

18. The most important thing to do if you suspect you have been infected by an STI is to inform your sexual partner(s).

False. The most important thing to do is to seek immediate testing and get treatment if the test results are positive (meaning you have an STI). Symptoms of an STI may never appear or may disappear after a short time, but the infection remains in the body. She/he can suffer serious physical damage and continue to infect others. Once an STI is confirmed and treatment is begun, the infected person or a health practitioner can inform sexual partners. In the meantime, it is important for the infected person to abstain from any sexual contact.

Adapted with permission from Teen Outreach: Youth Development through Service and Learning, Association of Junior Leagues International, New York, NY, © 1994.

Purpose:	To understand the implications of stereotyped thinking and challenge stereotyped attitudes
Materials:	Newsprint, markers, one index card for each participant, container (such as a paper bag, shoe box, or hat), and pens/pencils
Time:	45 minutes

Be open to the experiences and perceptions of the group and allow the discussion to go in the direction it needs. If issues regarding racism do not surface, do not feel that you must bring racism up. However, if group members wish to discuss experiences of racism, be prepared to help them articulate their feelings in a constructive way. For more information about culture see Chapter IV, Selecting and Training Staff and Recruiting TAP Members. Alternatively, read *Advocates for Youth's Leader's Guide to Building Cultural Competency*, review Chapter IV, or refer to the Appendix for organizations focusing on specific communities.

For step 10, create a newsprint of the *ABC's of Diversity* as outlined below:

- A = Attitude (prejudice)
B = Behavior (discrimination)
C = Consequences (physical, emotional, or economic injury)

1. Remind participants that stereotyped thinking forces others into a rigid mold and ignores the fact that everyone is first an individual, and second a member of many groups. For example, the TAP members belong to the TAP group. They each have an ethnic heritage. They are members of a local community. They reside in the U.S. and are citizens of the U.S. or of another country. They are male or female. They may belong to a particular religious faith, be members of a particular club, be part of a group that shares a particular experience. But, stereotyped attitudes ignore the breadth and depth of people's lives and focus illogically on just one attribute. Explain that this activity will demonstrate the harm of stereotypes.

- Distribute index cards and display the illustrations you have drawn. Have participants draw a vertical line on each side of their index cards so they have four sections – two on each side of the card. Have participants label each of the four sections.
- Review the four spaces in the illustration and explain that you will collect the cards and read responses anonymously, so no one will know who wrote anything. Emphasize that honesty is important. Encourage youth to write down real experiences even if they are angry or embarrassed about them. Encourage them to be as honest as possible. After each instruction allow participants time to write responses:
- On one half of one side of the card, write names that you have been called because of your age, racial or ethnic background, physical characteristics, religion, sexual orientation (or presumed sexual orientation), or any other characteristic or group membership.
 - On the other half, write names you have called other people for similar reasons.
 - On one half of the opposite side of the card, describe a time you were treated unfairly because of a particular characteristic such as race, religion, age, and so on.
 - In the last space, describe a time when you treated someone unfairly for similar reasons.
- Allow time for everyone to finish, then collect the cards, putting them in a container.
- Draw cards at random and read aloud the responses for the first box. Ask someone to write the responses on the large illustration as you read. If he/she runs out of room, then just read quickly through the remaining cards so that everyone can hear the names that other members of the group have been called. Do not comment on the names at this point.
- Repeat the process for the other three boxes, again without comment.
- Ask the group to look at the large list of names and examples of unfair treatment. Ask for volunteers who have been called names or treated unfairly and are willing to talk about their experiences. Help them focus on the feelings they had when being discriminated against.
- Then encourage everyone to talk about times when they called someone names or treated another unfairly.
- Write the term prejudice on the newsprint or the board and ask for a definition from the group. Work to get something similar to the following:
- Prejudice:** a certain attitude, usually negative, toward a particular group or member of that group. Prejudice is usually toward strangers, who may have a different appearance.
- The word comes from the Latin word for prejudice. Prejudice happens whenever we prejudice others because of race, religion, age, gender, physical size or appearance, occupation, social class, sexual orientation, and so on. Prejudice happens whenever we decide how we feel about others before we know them.
- D. Write the term discrimination on newsprint and ask for a definition from the group. Work to achieve a definition that is similar to the following:
- Discrimination:** different, usually unfair, treatment of a group or member of that group, because of prejudiced feelings about them.
- The word comes from the Latin word for divide. Discrimination happens whenever we divide or separate people into groups (physically or in our minds) and treat one group unfairly or unequally because of our prejudices about their race, religion, age, gender, physical size

or appearance, occupation, social class, sexual orientation, and so on. Discrimination divides people on the basis of unfair and inaccurate attitudes – prejudice.

11. Display the ABC's of Diversity newspaper. Clarify what each letter represents. Ask the group for examples of prejudiced attitudes, unfair behaviors, and negative consequences that they have observed or experienced. Emphasize that there are always consequences when a person is treated with prejudice or discrimination. The consequences can be emotional, such as hurt feelings or anger, or they can be physical or material, such as giving up on a job or punching someone.
12. Process the activity using the Discussion Points below.

Discussion Points:

1. How does it feel to talk about prejudice?
2. Look back at the names that people said they have been called. How might they have felt when called those names?
3. What do you think about people who call others names or treat others unfairly? Do the people who feel prejudice and who discriminate against others experience any negative consequences? If so, what? Possible answers include:
 - Today, laws exist against most forms of discrimination, and anyone accused of discrimination against others in the work place can be sued.
 - Laws cannot govern how people feel; so there are no laws about feeling prejudice.
 - Prejudiced people lose opportunities to know and enjoy many other people and other cultures.
4. What is the difference between prejudice and discrimination? A possible answer is: Prejudice is having an negative attitude about someone; discrimination is behaving in a unfair way toward someone.
5. Looking at the list that the group has created, it is probably obvious that some people in this group have suffered from prejudice and discrimination. However, it is possible that everyone in the room has suffered from prejudice and discrimination at some time, although probably not to an equal degree. What can you do to change that? Possible answers include:
 - Apologize to anyone in the group that you have felt prejudiced about or acted unfairly toward.
 - Make a vow that you won't hold prejudiced feelings or participate in discriminatory actions.
 - Get to know one another better.
 - Promise that you will refuse to tolerate prejudice or discrimination when they occur.

Session 7, Activity B

Definition of Culture

Purpose: To explore the ways in which our culture values similarities and devalues differences among people and to discuss implications in HIV/STI prevention efforts for youth of color and lesbian, gay, bisexual and transgender youth

Materials: Newsprint and markers; Ground Rules (from session one) displayed where all can see them

Time: 30 minutes

Planning: Go over the examples given in #7 below. Do you see anything that may spark a vigorous discussion or that may bring up feelings of distress and/or anger? Depending on time, you may want to use those examples only or to skip them. If you use them, be prepared to facilitate the discussion according to the ground rules agreed upon by the group in Session One. Remind everyone of the ground rules as often as necessary.

Procedure:

1. Ask participants to break into groups of about five each. Give each group a piece of newsprint and markers.
2. Ask the groups to designate a recorder and reporter.
3. The recorder writes the words Ignore, Copy, and Destroy on the top of the newsprint.
4. Tell participants that this exercise is based on the work of Audre Lorde, an African American, lesbian, feminist writer and activist. According to Audre Lorde, people devalue differences in three ways. The first is by ignoring differences that exist and stressing similarities. The second is by copying traits of another group. The third approach is by destroying the differences altogether.
5. Ask the groups to spend about 10 minutes brainstorming the ways in which this culture devalues differences by ignoring efforts to debase a culture or by ignoring the differences between cultures, by copying and subtly changing in ways that obliterate the original, or by outright destruction.
6. Give a couple of examples to illustrate the purpose of the exercise, if needed. (Examples are listed in item #7.)
7. Ask each group to summarize the group discussion. If time permits, read the following statements aloud and ask the group to label them accordingly:
 - A. Mother tells a child, Do not stare at that handicapped person. (ignore)
 - B. Rock and roll comes from jazz and blues. (copy)
 - C. A white woman says to a black friend, You don't even seem like you are black. (ignore)
 - D. Sports teams have names that devalue, such as the Redskins. (ignore)
 - E. By 1982, approximately 24 percent of African-American women, 35 percent of Puerto Rican women, and 42 percent of Native American women had been sterilized, compared to 15 percent of white women. (destroy)

Training Youth to be Peer Educators

- F. The federal government generally closes for Christian holidays but not for Jewish, Islamic, or Buddhist holidays. (ignore)
- G. In the Tuskegee syphilis study, African-American men in a control group did not receive treatment for syphilis. (destroy)
- H. A white youth wears imitation Native American jewelry. (copy)
- I. Young women of color are often encouraged to use long-acting methods of contraception, like Depo Provera and Norplant, rather than short-term methods of contraception, like the pill or condoms. (destroy)
- J. Throughout much of U.S. history, Native Americans were forbidden or prevented from using their languages, practicing native religious rituals, and following cultural practices intrinsic to their way of life. (destroy)
- K. Many programs for youth pretend that all youth are heterosexual. (ignore)

Discussion Questions:

1. What types of patterns do we see related to differences among us?
2. What are some of the subtle and/or blatant institutional and individual manifestations of prejudice and discrimination?
3. How might these patterns be manifested in HIV/STI prevention programs for young women of color? For gay, lesbian, bisexual or transgender youth?
4. How can program planners value diversity in more equitable ways?

Condom Hunt – Homework

Purpose: To provide young people with the opportunity to obtain a condom without pressure; to develop a list of accessible places where teens can obtain condoms; to help teens develop ease and skill around condom acquisition

Materials: A copy of the *Condom Hunt Survey* handout for each TAP member

Time: 15 minutes (to introduce the activity)

Planning Notes: Decide whether you want teens to obtain condoms and to complete the survey in writing or only to complete the survey.

Procedure:

1. Distribute the condom survey worksheet to each teen. Ask the teens to complete the condom survey. Discuss what each question means, and ask them to return the completed worksheet for Session 8.
2. For comfort, teens might want to work in pairs. If so, ask each teen to survey a different store, so that the pairs will visit two stores and each member of the pair will take responsibility for filling out the survey on one of the two stores.
3. Ask the teens to go to a drug store, grocery store, or convenience store and purchase a package of condoms. The teens could purchase the condoms in the same store they survey. Stress that condoms should be latex and may be lubricated but preferably not with a spermicide containing nonoxynol-9.
4. Explain that many communities have health departments and community clinics and free clinics that distribute condoms without charge. However, this exercise will help teens identify barriers that teens in the community face in acquiring condoms. That is why you want them to purchase condoms. Be sure to tell the teens that no one is assuming that they are having sex or need condoms now. Rather this assignment will help TAP members to feel more comfortable obtaining condoms in the future and could enable them to help friends in need of condoms.
5. Give out the location or phone number of local resources could help teens obtain free condoms

Selection

5. Where are the other contraceptive methods located? (Check all that apply.)

- _____ behind the pharmacy counter
- _____ with feminine hygiene products
- _____ by the pharmacy counter
- _____ with men's personal hygiene products
- _____ behind the checkout counter
- _____ in the family planning (contraceptive) section
- _____ by the checkout counter
- Other: _____

6. Does the store have the following kinds of condoms?

Latex, Lubricated:	Yes _____	No _____	Don't Know _____
Latex, Non-Lubricated:	Yes _____	No _____	Don't Know _____
Polyurethane (Avanti-brand):	Yes _____	No _____	Don't Know _____
Female condoms:	Yes _____	No _____	Don't Know _____

7. What is the lowest price for one package of three lubricated condoms?

Price: _____ Brand: _____

8. Is the lubricant near the condoms? Yes No Don't Know

9. Does the store have the following kinds of contraceptive (family planning) methods?

Foam:	Yes _____	No _____	Don't Know _____
Jelly:	Yes _____	No _____	Don't Know _____
Cream:	Yes _____	No _____	Don't Know _____
Sponges:	Yes _____	No _____	Don't Know _____
Suppositories:	Yes _____	No _____	Don't Know _____

10. Do they have pamphlets or information on HIV/AIDS and other STIs in the store?

Yes (If YES, take a sample with you): ____ No: ____ . Remember to label the sample with the name of the store where you got it.

Time Out Of Store: _____

Condom Hunt – Discussion

Purpose: To discuss the *Condom Hunt* – Homework activity and process reactions to the experience; to develop a list of accessible places where teens can obtain condoms; to help teens develop the skills to protect themselves

Time: 45 minutes

Procedure: Ask TAP members the following questions to explore their feelings, attitudes, and experiences related to this homework assignment. Ask the TAP members to share their stories of finding condoms.

Discussion Questions?

1. Where did you go?
2. Where did you find the condoms in the store? How did you feel about purchasing or just looking for a condom?
3. Which stores displayed condoms so they were accessible? How much did the condoms cost?
When everyone has contributed to the discussion of the above questions, continue with those below.
4. What feelings did you experience when looking for and/or purchasing condoms?
5. Were the experiences of the young men and women different? Is it as okay for a young woman to buy condoms as for a young man?
6. How will you feel about purchasing condoms in the future?
7. Did you discuss the assignment with family members? What types of reactions did they have?

Optional Activities:

1. Show the film *Condom Sense*. This lighthearted look at condoms is appropriate for older teens. 25 minutes. Available from Perennial Education Films, Inc., at 1.800.323.9084.
2. Have teens research local drug stores on the accessibility of condoms. Send them to numerous outlets to conduct the research using the *Condom Hunt Survey* handout. Assist them in compiling and publicizing the results.
3. Form teams to survey a number of stores on the availability and accessibility of all over-the-counter contraceptives. Offer a prize or special privilege to the team which finds the best bargain or the nicest store or which surveys the largest number of stores.

Condom Card Lineup

Purpose: To provide young people with knowledge about the correct use of condoms and comfort in using words related to condom use

Materials: A copy of the *18 Steps to Using a Condom Leader's Resource*, large poster board cards, and markers

Time: 30 minutes

Planning Notes: Have agency or board clearance/permission before conducting this exercise. If you do not receive clearance or permission, do not conduct this activity. If you decide that a condom demonstration is appropriate but you feel uncomfortable doing it, invite a speaker from a local agency to lead this session.

Write each step of condom use on a separate large card, one card for each step. There are 18 steps in all. If there are more cards than participants, omit steps seven through 13 to get the same number of cards as participants.

Procedure:

1. Explain that you have prepared cards for all participants and that each card lists a different step in the process of using condoms.
2. Mix the cards up and pass them out to participants. Ask them, as a group, to arrange themselves in order so that their cards give steps in the process of using a condom correctly. [They will come to you for assistance, stating that there are repeated cards. Do not give them any assistance. Remind them to put themselves in order.]
3. After the participants have established an order, have the entire group read through the steps. Everyone must become comfortable in saying words like condom, penis, erection, ejaculation, etc.
4. Process the activity, using the Discussion Questions below.

Discussion Questions:

1. Ask each participant, in order, to explain why he or she thinks his or her card belongs in that place. Then ask if there are other places in line that the card could be placed that would also be correct.
2. What happened as the group worked?
3. Why were there cards saying lose erection and try again?
4. Was anyone uncomfortable saying some of these words out loud? Which words?
5. Why were people uncomfortable? Do they feel more comfortable now?
6. What kind of message is sent when educators are uncomfortable with words?
7. What steps are missing (e.g., check expiration date)?

Optional Activity:

Conduct a condom demonstration using a penis model and real condoms. If time permits, ask the youth if any of them would like to practice giving a condom demonstration, using the model and real condoms.

1. Discuss safer sex.
2. Buy latex condoms (not lambskin).
3. Open condom package. (Don't use teeth.)
4. When penis is erect ...
5. Squeeze tip of condom and place on head of penis.
6. Hold tip of condom and unroll until penis is completely covered.
7. Lose erection – remove condom.
8. Relax!
9. Try again.
10. Open condom package. (Don't use teeth.)
11. When penis is erect ...
12. Squeeze tip of condom and place on head of penis.
13. Hold tip of condom and unroll until penis is completely covered.
14. After ejaculation, while penis is still erect ...
15. Hold condom at base of penis.
16. Carefully remove condom without spilling any semen.
17. Wrap condom in tissue and throw away. (Don't flush condom down toilet.)
18. Relax! (This step can be placed at any point in the process, and multiple cards can be made for it.)

Session 8, Activity C

HIV/STI Interview – Homework

Purpose: To provide young people with the opportunity to practice communicating about HIV/STI, correcting misinformation, and teaching new information

Materials: A copy of the handout, *HIV/STI Interview Questions*, for each TAP member

Time: 10 minutes (to introduce the activity)

Procedure: Explain the assignment – to interview someone each TAP member feels comfortable communicating with about HIV/STI. The interview will help them practice communicating about the subject. Allow one or two youth to role-play approaching someone and explaining to the interviewee the purpose of the interview.

Do you have about 15 minutes to discuss a very important topic with me? We are studying HIV/STI prevention in our school youth program. I have a homework assignment to interview someone about HIV/STI. I would like to ask you some questions, if you don't mind.

Relationship to Teen Date

1. Have you heard of HIV or AIDS? Yes ____ No ____
2. Have you heard of STIs? Yes ____ No ____
3. If yes, when and where did you first hear of HIV, AIDS, or STIs?
4. What do the letters AIDS stand for? What do the letters HIV stand for? What do the letters STI stand for?
5. How big a problem do you think HIV/STI is in our community?
6. How do you think people get HIV, the virus that causes AIDS?
7. Would you share a can of soda with a person living with HIV or AIDS?
8. How do you think people protect themselves against the spread of HIV?
9. What is the difference between living AIDS and being infected with HIV?
10. Do you worry about getting HIV, the virus that causes AIDS?
11. Where would you go to get more information about HIV/STI prevention?
12. Do you have some ideas for creating a program to prevent HIV/STI transmission among teenagers? What are they?

Note: Remember to thank the person for the time she/he gave you. You might also ask if he/she would like to know what you have learned about HIV. This is a good opportunity to clear up misinformation and ease the possible anxieties of someone close to you.

Purpose:	To provide young people with the opportunity to practice communicating about HIV/STI, to correct misinformation and teach new information
Materials:	A copy of the handout, <i>HIV/STI Interview Questions</i> from the previous session
Time:	30 minutes
Planning Notes:	Be prepared for only a few of the TAP members to complete the assignment. If this happens, first discuss the experiences of those who completed the assignment, noting discussion points below, and make note of any questions that were difficult for them to answer. Then plan to break the entire group into pairs and have them interview each other, asking the questions on the sheet. Ask the youth to add questions during the interview.

Begin the session by discussing the following points with those who conducted the interview

1. How did the individuals choose the people they interviewed?
2. What feelings did the interviewee have during the interview? How do you know? Did he/she say so?
3. Were some questions more difficult to ask than others?
4. Did the interviewee have any misinformation about HIV/STI? Did you correct the misinformation? How did that feel?

Break the group into pairs to interview each other. Give approximately five minutes per interview. Ask the interviewers to try to *stump* the interviewee with questions he/she can't answer and to note which questions are difficult to answer. Bring the group back together to discuss questions that were difficult to answer and demonstrate the best way to answer them.

Role-Plays

Purpose: To provide teens with the opportunity to practice communicating about HIV/STI prevention and to practice skills related to resisting peer pressure and making decisions

Materials: A copy of the Leader's Resource, *Practice Role-Plays*

Time: 60 minutes

Planning Notes: Review the *Practice Role-Plays* Leader's Resource. Alter any or all of the role plays so they will fit the experiences and needs of TAP members. Make sure that the role-plays are appropriate to the cultures, language (including slang), and environment of youth in your group. You might also consider changing the names of the characters to work better with the young people involved in your program. For example, if you are working with Southeast Asian youth, use names that are common among those youth.

Or, let the TAP members come up with their own scenarios related to risk behavior. Help them develop the scenarios to make them realistic. Allow additional time (as much as 20 minutes) for youth to devise and write down their scenarios.

Procedure:

Explain that role-playing is an educational technique that allows people to take on the role of another person. They practice feeling, talking, and acting like someone else. Role-playing helps the players to increase their empathy for others and allows the audience to observe how people actually deal with difficult situations.

Ask for volunteers from the group to play the roles in the scenarios. Give the role-play situations to the volunteers. Tell the volunteers that the role-plays must end with positive and realistic behavior for protection against HIV. Allow them about 10 minutes to read over the situation, assume their roles, and work out the role-play. Visit with each group and discuss their ideas for the role-play. Help them with the ideas if necessary.

Ask the first group to act out their situation for a few minutes. Then use the discussion questions to go over that role-play with the entire group. Repeat this procedure for all of the assigned role-play situations, discussing the points that follow this section, as appropriate, after each scenario. Or, you may conduct some discussions where all the young women answer the questions while the young men listen and then all the young men answer while the young women listen. This is a good way for each gender to hear the other's point of view.

For Role-Play B, pay careful attention to the issue of homophobia. Be prepared for homophobic reactions and know how to counter them. As the leader, you have a responsibility to firmly refuse to tolerate homophobia. But more, if anyone in the group is gay, whether or not he/she has come out to the group, this young person may find discussion of this role-play very difficult if it is not facilitated constructively by the coordinator.

1. How do the characters in this role-play feel about themselves? Which characters are more likable?
2. Is there another way that the situation could have been handled?
3. Who is being affected by the decisions in the role-play? Was everyone considered as the character made the decision?

1. Which of the situations were the easiest? The most difficult?
2. How would it be to deal with these situations in real life?
3. What skills or information do you need in order to protect yourself against HIV/STI?
How could you practice those skills?

If a video camera is available, consider taping the role-plays. Ask teens to comment on non-verbal as well as verbal messages.

More than one group can be assigned the same role-play. Then after each one has been performed, the discussion can focus on the dilemmas, options chosen, and different outcomes.

Practice Role-Plays

Role-Play A: One Male Actor and One Female Actor

Scene Angie, age 14, and Tony, age 16, have been dating each other exclusively for four months. Neither of them has had sexual intercourse, although they are both beginning to think about it. Tony has been getting a lot of pressure from his friends to do it and begins to try to talk Angie into having sexual intercourse, but she hasn't made up her mind yet. There has been no discussion about condoms, but Angie doesn't want to get pregnant and knows that if they do have sex, they should use something. They are at Tony's house, and his parents are out. Tony offers Angie a drink from his parents' whiskey supply. He has plans for the evening. They're sitting on the couch when Tony gets up to mix two drinks and ...

Discussion Questions:

1. What influenced Angie's decision about whether or not to have sexual intercourse?
2. Do you think alcohol use influenced her decision?
3. Why did Tony pressure her? Do you think he cares about her?
4. If a friend was in a similar situation as Tony, what advice would you give him? What advice would you give Angie? How would you discuss STIs, HIV, and pregnancy?

Role-Play B: Two Male Actors and One Female Actor

Scene Kelly, Lashawn, and David are close friends. The prom is coming up, and Lashawn and David are talking excitedly about their plans. Kelly says she isn't going (she is a lesbian and isn't interested in bringing a guy to the dance). Her friends ask her why she isn't planning to go.

Discussion Questions:

1. Would it be difficult for Kelly to tell her friends she is a lesbian?
2. What other types of activities at school or in the community might make gay or lesbian youth feel excluded?
3. Are teens supportive of their gay friends? Of gay youth in general?
4. How can myths and fears about homosexuality be reduced?

Role-Play C: Two Male Actors

Scene Carlos and Darrel are having a discussion after school. Darrel is planning to have sex with his girlfriend, Yvonne, for the first time this weekend. She has gone on the pill. Carlos is encouraging him to buy condoms, but Darrel says he doesn't need to because Yvonne is using the pill.

Discussion Questions:

1. How do you think Darrel is feeling? Yvonne? How does Carlos view each of them?
2. Why should teens on the pill also use condoms?

3. Is encouragement the same as pressure? Where do you draw the line and why?
4. Do many young men think like Darrel? How can they be encouraged to use condoms?
5. What role should Yvonne play in a discussion of condom use?

Role-Play D: Four Male or Females Actors

Scene The teens are in a kitchen at a party. The parents are not at home. Pat takes out some crack and a pipe, asking, "Anyone got a light? Come on, don't be shy, this party is just starting."

Actors

1. *Pat* Gets acceptable grades and is popular. Isn't sure what she/he will do after high school.
2. *Lee* Shy, just moved to the neighborhood. Used drugs, but has vowed to stop now that he/she lives in a new place.
3. *Chris* Soccer and basketball team captain. Drinks on occasion.
4. *Robin* Plays some sports with Chris, studies and hopes to go to college. Hasn't tried drugs or alcohol and sometimes feels like the only one who hasn't.

Discussion Questions:

1. What might make each character say yes? Or say no?
2. Would this be different if it were heroin and a syringe or would it be the same?
3. If you never knew Pat used drugs, how would you feel if she/he offered it to you?
4. HIV isn't spread by smoking crack or sharing a pipe, so how could smoking crack put one of these characters at risk for HIV?

Role-Play E: Two Female Actors

Scene Anna, age 16, is dating an older guy named Steven, age 21, whom she doesn't know very well but likes a lot. They started having sexual intercourse last week and didn't use a condom or any other form of contraception. Her friend, Julie, age 16, is afraid the man might be using injection drugs and is worried that Anna may be exposing herself to both pregnancy and HIV. She says, "You've got to tell him to use a condom."

Discussion Questions:

1. How important is it for Anna to find out about her boyfriend's past and present – both about his sexual history and his drug use?
2. Why might someone not tell the truth about what they've done in the past – both sexually and about drug use? Would loving someone change this?
3. What might make it difficult for Anna to discuss using a condom with her boyfriend?
4. What should Anna do if her boyfriend says he doesn't like condoms?
5. How did you feel about what Julie was saying to Anna?

Session 10, Activity A

Have You Weighed Your Options?

Purpose: To allow teens to evaluate the reasons why a teenager would or would not choose to have sexual intercourse or use drugs, including alcohol

Materials: Newsprint and markers, tape, and a copy of the Leader's Resource, *Have You Weighed Your Options?*

Time: 60 to 75 minutes

Procedure: Introduce this activity by pointing out that failure to make healthy decisions about sexual intercourse and/or drug use (including alcohol) is one of the reasons why teens can be infected with HIV or other STIs and/or experience an unplanned pregnancy. In order to work effectively as peer leaders and educators, youth need to understand why teens have unprotected sexual intercourse and why they experiment with drugs, including alcohol. It also important for the youth to evaluate their own behaviors, since they will be role models for other youth.

1. Tape up four different newsprint sheets with *Yes to Sexual Intercourse*, *No to Sexual Intercourse*, *Yes to Drugs*, and *No to Drugs*.
2. Split the TAP group into four teams and assign each subgroup to one of the sheets of newsprint. Have each group brainstorm and write down on the newsprint reasons why a teen would make the decision listed there.
3. After five minutes have the teams rotate to another newsprint. Repeat until each team has been to all four pieces of newsprint.
4. After each team has worked with all four sheets of newsprint, ask everyone to reassemble as one group.
5. Ask the teens to evaluate the lists. Is the reason a good one or a poor one? How do they know? Is the decision the result of a problem or situation? How do these reasons affect what type of educational approach the TAP group will take to try to influence the decisions that their friends make?
6. If you think that the youth have overlooked an important reason, ask them at this time if they think teens might have that reason for choosing a particular option. If they agree, add it to the list.
7. Process the activity using the Discussion Questions below.

Discussion Questions:

1. Do pressures influence our decisions to have or not to have sexual intercourse? What are they? (Possible answers might include but are not limited to: sex drive, media messages, wanting to be grown up, little information from parents and other adults about sex, curiosity, lack of assertiveness skills, wanting intimacy and closeness, desire to express love.)
2. Do pressures influence our decisions to use drugs and alcohol? What are they? (Possible answers include but are not limited to: the need to fit in, curiosity, escapism, and addiction, like the taste, like the feeling.)

Training Youth to be Peer Educators

3. Is it difficult to stick to a decision not to have sexual intercourse at this time or not to use drugs? What can someone do to support that decision?
4. If a person decides to have sexual intercourse, what does he/she need to know/do in order to be responsible?
5. Is responsible drug use a possibility? How can you tell if a friend is just having a good time or is really dependent upon a drug?

Session 10, Activity A
Leader's Resource

Have You Weighed Your Options?*

Why Some Teens Have Sexual Intercourse

1. Pressure from peers
2. To communicate warm, loving feelings
3. To keep from being lonely
4. To get affection
5. To show independence and adulthood
6. To hold on to a relationship
7. To become a parent
8. To satisfy curiosity
9. Pressure from partner
10. To have fun
11. To experience pleasure
12. To experience a sense of closeness

Why Some Teens Don't Have Sexual Intercourse

1. Violates religious beliefs
2. Violates personal beliefs
3. Not ready
4. Risk of pregnancy
5. Risk of STIs
6. Don't want to jeopardize goals
7. Relationship with parents
8. Not in love
9. Not interested

Why Some Teens Experiment with Drugs

1. Pressure from peers
2. Stress
3. Loneliness
4. To feel comfortable socially
5. To show independence and adulthood
6. To hold on to a relationship
7. To escape from difficult situations
8. To satisfy curiosity
9. Like the taste
10. Like the feeling of being high

Why Some Don't Experiment with Drugs

1. Violates religious beliefs
2. Violates personal beliefs
3. No need for them
4. Risk of losing control
5. Witnessed addiction
6. Family member has problem with drugs or alcohol
7. Doesn't want to jeopardize goals
8. Relationship with parents
9. Not interested

^{**} Note to leader: The lists of possible answers are not exhaustive or meant to exclude other ideas. These are just some of the reasons that the youth may suggest.

Purpose: To help participants understand how alcohol consumption may lower the likelihood that a couple will successfully practice safer sex and how alcohol consumption affects the motor skills that are needed to put on a condom

Materials: One Barbie doll (in bathing suit) with dress and shoes, two pair of durable plastic gloves (not surgical thin ones), two pair of goggles (gray, if possible), two plastic freezer bags (in case one breaks), and petroleum jelly, such as Vaseline®

Time: 30 minutes

Planing Notes: Place Barbie (dressed in a bathing suit), along with her dress and shoes in a plastic freezer bag and seal the bag.

Procedure:

1. Tell the group that putting on a condom requires fine motor skills and that alcohol consumption affects those skills. Say that you are going to simulate the effects of alcohol on fine motor skills.
2. Ask for three pairs of volunteers. Explain that, for the purpose of this exercise, each pair will represent a couple. Explain to the first couple that they will have had one alcoholic drink. They must take Barbie out of the bag and dress her in 60 seconds. They may communicate with each other while doing this.
3. After 60 seconds ask the group whether the couple was successful in completing the task.
4. Undress Barbie again, leaving on the bathing suit, and place her and her clothes and shoes back in the plastic freezer bag. Explain to the second couple that they must also dress Barbie, but for the purpose of this exercise, they will have had two to three alcoholic drinks. Therefore, each must wear one glove and goggles to represent the impairment they would suffer from consuming this much alcohol. They may communicate with each other while performing the task.
5. After 60 seconds ask the group whether the couple successfully completed the task.
6. Undress Barbie again, leaving on the bathing suit, and place Barbie and her clothes and shoes in the plastic freezer bag. The third couple, like the previous couples, must get Barbie and her clothes out of the bag and dress her in 60 seconds. For the purposes of this exercise, however, this couple is drunk. They are not allowed to talk to each other since people who are drunk are not known for the clarity of their communication. Each must wear gloves as well as goggles frosted with Vaseline, to indicate impaired vision.
7. After 60 seconds ask the group if the couple successfully completed the task.

Discussion Questions:

1. Ask each couple how it felt to try to dress Barbie under those conditions.
2. What difficulties were caused by having to wear gloves and goggles?
3. How did not being able to communicate affect the third couple's ability to dress Barbie?

4. How might this exercise relate to putting on condoms?
5. As people consume more alcohol, will they be likely to search for a condom, put one on, and/or be able to communicate their difficulties?
6. Aside from its effect on motor skills, how might alcohol consumption affect people's motivation to make good decisions about protection?

Purpose: To help teens develop compassion for people with living with HIV or AIDS, and to reduce fears of casual contact with someone infected with HIV

Time: 10 minutes

Planning Notes: Having an individual face for the HIV/AIDS epidemic will help the TAP members deal with their fears and misconceptions about the epidemic. Teens need to understand that AIDS is a fatal disease with no known cure. People living with HIV or AIDS (PLWHs/PLWAs) are often highly successful in educating young people, and many of them want to do this. They dramatically portray the reality of living with AIDS and help break through the teenager's belief in his/her own invincibility. It is important that teens develop compassion, rather than fear, for people living with HIV or AIDS.

Invite a person living with HIV or AIDS to come speak with the TAP members. Over 240 AIDS service networks exist which can help you locate PLWHs/PLWAs who want to speak to audiences. Or contact a local AIDS service organization; ask for the Speakers' Bureau. The National Association of People With AIDS (202.898.0401 or www.napwa.org) can also help direct you.

Prior to the visit, review with the group the evidence that casual contact is not a source of transmission. Discuss and reassure the group about any fears or concerns they may feel before the visit. Also, review the TAP ground rules and remind the group members to follow them while the PLWA or PLWH is visiting.

Ask each teen to think of three issues that he or she would like to learn more about from the PLWHs/PLWAs. Remind the youth about the suggestion/comment box for this pre-session so they can ask questions anonymously. You want this session to address all concerns the teens may have but are afraid or hesitant to voice

In some communities, fear and misinformation remain high, and, as a result, parents may not want their child to meet PLWHs/PLWAs. A permission slip may be needed for this session to avoid any potential conflict. A sample Permission Slip follows as a Leader's Resource. The Permission Slip is also included in the Appendix. The TAP coordinator should consider inviting parents to the program as well. Parents who attend may become strong advocates for this program.

Dear Parent(s) or Guardian,

Please sign and return by _____
(date)

JAP Coordinator

_____ has my permission to attend the session with PLWA, PLWH.

_____ does not have permission to attend the session at this time.

I will also attend _____ the session.

Signature of Parent/Guardian _____

Panel of PLWHs/PLWAs

Purpose: To help teens develop compassion for people with living with HIV or AIDS, and to reduce fears of casual contact with someone who is infected with HIV

Time: 120 minutes

Planning Notes: Make sure that the room is set up to ensure that everyone is comfortable and can see and hear the speaker. Also make sure that the speaker is comfortable and can see, hear, and respond to the audience. This may mean bringing in a podium or a table and chair and a microphone for the speaker, arranging a larger room to accommodate parents as well as youth, and making sure there are enough chairs for all the audience.

Procedure:

Allow ample time for this presentation and its processing.

1. Ask the PLWH/PLWA to share his or her story with the group and ask him or her to leave time for questions and answers. Tell him/her that you will end the session and free him/her to leave after no more than 90 minutes.
2. After the guest speaker has finished, thank him/her and escort him/her out. Ask the youth and their guests to stretch, get water, etc., while you escort the guest speaker. Ask them to be ready to discuss what they have learned as soon as you return.
3. Encourage TAP members and their parents/other guests to process what they heard using the Discussion Questions below.

Discussion Questions:

1. What did you learn that you didn't know before?
2. How did this presentation make you feel about PLWA, PLWHs?
3. What do you think we, as a society, can do to ease the situation of PLWA, PLWHs?
4. What do you think you can do to ease their situation?
5. How will what you have learned affect your work as peer educators? As parents?

Optional Activities:

1. If it is difficult to identify a speaker living with HIV or AIDS, use a video to personalize the issue. For information on current, recommended videos, see the Appendix.
2. Have the telephone number of a local AIDS service organization for teens who want to do volunteer work.

Assertive Communication

Purpose: To learn the difference between assertive, aggressive, and passive communication behavior

Materials: Newsprint and markers, scrap paper, and pens/pencils

Time: 45 minutes

Planning notes: In teaching youth to be assertive, educators also need to teach them to assess situations and consider their personal safety. In some situations, being assertive can be dangerous. For example, if someone has a weapon, has been drinking or taking drugs, or is extremely angry, being assertive may not be wise or safe.

When you introduce the topic of assertiveness, keep in mind that communicating assertively, especially for women, is not considered the norm in some cultures. Cultural attitudes regarding assertiveness will vary among the TAP members. Some teens will come from families in which they have been taught that speaking up for oneself is inappropriate and that refusing a request, especially from an adult male, is inappropriate.

While you do not want to encourage teens to communicate regularly in a way that could have unpleasant consequences for them in their cultural and family circles, all participants need to understand that there are certain situations in which assertive behavior will yield positive results. For example, youth benefit when they resist pressure from romantic partners or peers to have sexual intercourse, use alcohol or other drugs, join a gang, or fail in school. Not only do youth act positively in their own behalf in such circumstances, but also they will succeed in resisting pressure to do something they did not want to do or that was bad for them.

Assertive, aggressive, and passive forms of communication are defined culturally and regionally. For example, African American assertiveness is sometimes perceived as aggressive communication from outside the African American culture. But within that culture, it is a positive, healthy form of communication.

Write three questions on newsprint for use in step 4:

1. How will Geneva feel?
2. How will the two young women feel?
3. What is the worst possible outcome?

Procedure: Tell the group that one way to make communication more effective is to choose the appropriate kind of communication in difficult situations. Read the following scenario aloud:

Geneva has been standing in line for over two hours to buy a concert ticket. The rule is, one person, one ticket. Her feet are killing her now, and she knows that she is in trouble with her mom, who expected her home before now. But there are only five people left in front of her, and she is sure that she will get a ticket. Out of nowhere, two young women from school walk up, make a big deal about meeting up with their friend who just happens to be standing in front of Geneva, and take places in line in front of her. What do you think Geneva should do?

1. Have participants write one sentence describing what Geneva should do in this situation.
2. Allow about three minutes, then ask participants to form three groups based on the following criteria:

Group 1: All who wrote something that reflects a belief that Geneva should stand there and not say anything to the two young women, move to this end of the room.

Group 2: All who wrote something that reflects a belief that Geneva should feel angry and express that anger directly and loudly to the two young women, please move to that end of the room.

Group 3: All who wrote something that reflects a belief that Geneva should speak up and calmly tell the two young women to go to the back of the line, form a group in the middle.

3. Once the three groups have formed, display the three questions you have prepared and go over instructions for the remainder of the activity.

Ask each group to discuss the answers to the following questions:

A. How will Geneva feel after making the response that you chose?

B. How do you think the two young women who butted in line will feel if Geneva responds as you thought she should?

C. What is the worst thing that could happen if Geneva responds like you wanted her to do?
What is the best thing that could happen if Geneva responds like you wanted her to do?

(Note: if there is only one person standing in a position, join that person to form a group and discuss the questions with her or him.)

4. Allow five minutes for discussion, then ask everyone to return to the large group.
5. Ask one participant from each group to share group responses to the questions. Record the major points in three separate columns on board or newsprint.
6. Write the terms Assertive, Aggressive, and Passive on the board or newsprint. Ask the group to match each term to the list of outcomes for the responses.
7. Review Geneva's choices for action one more time and illustrate why assertiveness is usually the best solution for a situation like this.

Passive response: Communicating passively means not expressing your own needs and feelings, or expressing them so weakly that they are not heard and will not be addressed.

If Geneva behaves passively, by standing in line and not saying anything, she will probably feel angry with the young women and with herself for not saying anything. If the ticket office runs out of tickets before she gets to the head of the line, she will be furious and might blow up at the young women after it's too late to change the situation.

A passive response is not usually in your best interest, because it allows other people to violate your rights. Yet there are times when being passive is the most appropriate response. It is important to assess whether a situation is dangerous and choose the response most likely to keep you safe.

Aggressive response: Communicating aggressively means asking for what you want and saying how you feel offensively – in a threatening, sarcastic, humiliating way.

If Geneva calls the young women names or threatens them, she may feel strong for a moment, but there is no guarantee that she will get the young women to leave. More importantly, the young women and their friend may also respond aggressively through a verbal or physical attack on Geneva.

An aggressive response is not usually in your best interest, because it often causes hostility and leads to increased conflict.

Assertive response: Communicating assertively means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person's safety or well-being or put the other person down.

If Geneva tells the young women that they need to go to the end of the line because other people have been waiting, she will not put the young women down, but merely state the facts of the situation. She can feel proud for standing up for her rights. At the same time, other people in line will probably support her statement. While there is a good chance that the young women will feel embarrassed and move, there is also a chance that they will ignore Geneva, and her needs will not be met.

An assertive response is almost always in your best interest, since it is your best chance of getting what you want without offending the other person(s). However, being assertive can be inappropriate at times. If tempers are high, if people have been using alcohol or other drugs, if people have weapons or if you are in an unsafe place, being assertive may not be the safest choice.

Discussion Questions:

1. What are some ways that Geneva could have let the young women know how she felt without being directly aggressive or assertive? (Possible answers include but are not limited to: talking sarcastically under her breath; using body language that communicates her disgust and frustration; telling the person behind her how stupid the young women were, but loudly enough so that they could overhear and so on. Behaviors like these are called passive-aggressive behaviors. They are aggressive, but indirect. They do not necessarily get you what you want and they often make the other person(s) angry.)
2. Can you think of circumstances where passive communication may be in your best interest, even though your needs may not be met?
3. Have you behaved aggressively in a situation? How did it work out? How would things have been different if you had chosen an assertive response?
4. Have you behaved assertively in a situation? How did it work out? What would a passive response have been in that situation? An aggressive response?
5. When is it easier, and when is it more difficult, to be assertive? Give examples.
6. Is there a current situation where you need to act assertively and have not yet done so? What will you do?
7. Does communicating assertively always guarantee that you will get your needs and/or wants met? (Possible answer: No line of communication will always get you what you want or need, but communicating assertively does guarantee that you will feel proud of standing up for yourself.)
8. Have you heard of people getting a negative reaction for speaking assertively? Explain.

Post-test

Purpose: To gather information on trained TAP members' knowledge, attitudes, and behaviors related to HIV and AIDS. (Evaluators will compare this data to data from the pretest at the beginning of the training and to data from a control group to assess how well the program has met its training objectives.)

Materials: A copy of the TAP Evaluation Survey; Post-test handout for each TAP member and a closed box with a slot in which teens can drop their post-tests

Time: 20 minutes

Planning Notes:

This post-test will allow you to measure increases in knowledge and positive changes in attitudes among TAP members since their training began. Results will measure the success of TAP training for the peer educators, not the achievements of the peer educators themselves. Prior to this session, the coordinator should have read and understood Chapter VII of this guide. Use the suggestion box or other a closed box with a slot through which the youth can drop their completed post-tests. Each post-test should be labeled post-test.

Procedure:

Tell the group that no one needs to put his/her name on this test and that all answers will be kept confidential. The TAP coordinator will use the information from the pretest and post-test to assess the effectiveness of the TAP program, not the knowledge of the individual TAP members.

After the post-tests have been completed and collected, correct them using the answer key in the Appendix, and compare the knowledge of the TAP group to that of the control group. The knowledge levels of the two groups should no longer be similar. However, the TAP coordinator will find it useful to note any areas in which the TAP members had difficulties. The coordinator may want to schedule one or more post-training review sessions during which, he/she can stress areas in which TAP members had difficulties.

Session 12, Activity B
Handout

TAP Evaluation Survey: Post-test

This survey will help us understand what you have learned and how you feel about HIV and AIDS. Your answers are important in helping us assess the quality of the TAP program. Please answer each question carefully and honestly. Please note that, in this survey, having sex means making love, doing it, or having sexual intercourse. Having sex means having vaginal, oral, and/or anal intercourse.

Write your answers directly on this survey. Please, do NOT put them on another sheet of paper. Do NOT write your name on this survey. Your answers will be kept secret, and no one will know how you answered this survey. You will have 15 minutes for this post-test. When you are finished, please come up and put your test sheet in this box. Remember NOT to write your name on the test sheet.

Thank you for your help.

Please mark your answers with a check mark or an answer in the appropriate space on the left.

1. Are you male or female?
 _____ female
 _____ male
2. How old are you?
 _____ years old
3. What is your race?
 _____ Asian/Pacific Islander
 _____ Black/African-American
 _____ Hispanic
 _____ Native American
 _____ White (non-Hispanic)
 _____ Other (please specify)

Please circle your response on the right.

4. Can a person get HIV (the virus that causes AIDS) from any of the following?
- | | | |
|---|----------|---------|
| a. Going to school with a student who has AIDS or HIV | Yes ____ | No ____ |
| b. Kissing someone who has AIDS or HIV | Yes ____ | No ____ |
| c. Sharing needles or "works" with someone who has AIDS or HIV | Yes ____ | No ____ |
| d. Sharing needles to pierce ears, take steroids, or get tattoos with someone who has AIDS or HIV | Yes ____ | No ____ |
| e. Having sex without a condom with someone who has AIDS or HIV | Yes ____ | No ____ |
| f. Being bitten by mosquitoes or other insects | Yes ____ | No ____ |
| g. Giving blood at a hospital, blood bank or the Red Cross | Yes ____ | No ____ |
| h. Swimming in a pool with a person who has AIDS or HIV | Yes ____ | No ____ |

Which of the following are effective ways to protect yourself from being infected with HIV? Circle all that apply.

- a. Sexual abstinence (not having sexual intercourse)
- b. Not sharing needles for any reason
- c. Not kissing
- d. Not giving blood (for transfusions)
- e. Not receiving blood (for transfusions)
- f. Not using a public toilet
- g. Not using a public swimming pool
- h. Using a latex condom for every act of sexual intercourse
- i. Avoiding people with HIV infection and AIDS.

19. List three ways that HIV is passed from one person to another.

Chapter VI.

TAP Members Developing Activities for Other Youth

The development of activities by TAP members is divided into four sessions arranged so that the information builds upon material from the previous chapter. If the TAP program will have meetings lasting three hours or longer, TAP members will be able to complete two of these sessions in one meeting. This chapter outlines several approaches to facilitating a TAP group's activity planning and implementation. It also offers examples of youth-led activities designed and implemented during the TAP pilot-test in Washington, DC.

This chapter marks the turning point in the TAP program, when TAP members take the lead and the TAP coordinator acts as a technical consultant to the group to help them keep on track as they implement their educational campaign. The TAP coordinator will also act as a mediator to help the youth gain

access to the people and resources in the community that they need to implement their plan.

As TAP members begin to formulate their plan, the TAP coordinator should be looking for local experts, if needed, to help teens succeed. The TAP group may need additional training depending upon what resources and talents the group provides and what activities it chooses to design. For instance, if the group decides to produce a video, the TAP coordinator should contact local TV stations, media consultant, or a university film school and solicit free advice. Someone may be willing to conduct a free workshop for the youth on video production. If the youth want to design tee shirts with educational messages, contact local shops to solicit free tee shirts. Remember that the TAP coordinator should not do everything for the group, but he/she can help the group identify resources when needed.

Developing Activities Overview

Session; Time Required	Activity	Purpose
Session 13; 90 minutes	Chocolate Bar Exercise	To identify effective & ineffective risk reduction strategies
Session 14; 120 minutes	Prevention Messages	To identify messages and skills for other teens
Session 15; 90 minutes	Social Marketing	To learn to tailor an HIV/STI program
Session 16; 90 minutes	Developing Working Groups and a Plan	To organize into working groups

Chocolate Bar Exercise

Purposes:	To experience common HIV risk reduction tactics and strategies from the perspective of both teens and service providers and to identify ineffective and effective strategies for reducing sexual risk-taking among teens To emphasize the importance of programs and policies at the individual, community and institutional levels To learn about key theories of behavior change and their relevance to HIV education among teens
------------------	--

Time: 90 minutes

Materials: Two bags of bite-size chocolate bars; newsprint and markers; one copy of each of the five Leader's Resources – 1) *Common (Yet Ineffective) Sexual Risk Reduction and HIV/STI Prevention Strategies*; 2) *Effective Sexual Risk Reduction and HIV/STI Prevention Strategies*; 3 & 4) *Factors That Contribute to and Support Behavior Change*; and 5) *Theoretical Models*

Procedure:

Step one

- Ask participants to pair up for a role-play on behavior change.
- One person will represent a teen and the other will represent an adult.
- Give each person who represents a teen one bite-size chocolate bar.
- Tell the “teens” to act as though that they really want to eat the chocolate bar.
- The task of the “teens” is to hold on to the chocolate bars at all costs.
- Tell the “adults” to act as a mentor, counselor, nurse, or teacher.
- The task of the “adults” is to use their skills, knowledge, and previous experience working with teens to try to encourage the teen to give up the chocolate bars.
- “Adults” can use any strategies or tactics that they think will be effective in changing the behavior of the “teens.”
- Finally, instruct the “teens” to give up the chocolate bar only if the “adults” do or say something that is really convincing – something that would change their minds in a “real life” situation).

Step two

- Give participants approximately five minutes to work in pairs. Then switch roles.

Discussion Points:

Process the exercise by asking the questions below. Record answers to questions two to four on newsprint.

1. How many "teens" in the first role-play gave up their chocolate bars? (A few "teens" will give up their candy, the majority will not.)
2. What feelings did you have when you were playing the "teen" role? ("Teens" generally say

Common (Yet Ineffective)

Sexual Risk Reduction and HIV/STI Prevention Strategies

Messages, strategies, and tactics used with teens to encourage behavior change:

a. Fears and Threats

Example: "You will die/get a disease if you have sex without using condoms."

b. Guilt and Humiliation

Example: "You should be ashamed if you have sex outside of marriage gay sex."

c. Misinformation and Lies

Example: "Condoms don't work." "Sexuality education causes promiscuity."

d. Incentives and Bribes

Example: "If you stay out of trouble I'll increase your allowance."

e. Force and Manipulation

Example: "You will lose welfare benefits if you have a child."

Effective

Sexual Risk Reduction and HIV/STI Prevention Strategies

What types of behaviors do we want to encourage?

What behaviors do we want teens to give up/change?

What behaviors do we want to encourage?

The 4 "P's"

- **Postpone** sexual intercourse
- **Prepare** for sexual intercourse or drug use (talk to parents peers partners, obtain condoms, exchange needles)
- **Protect** yourself (each and every time you have sexual intercourse)
- **Plan** for future (family, graduation, career)

Factors that Contribute to and Support Behavior Change

1. Information regarding the need to change
(*cognitive factors*)
2. Motivation to change
(*psychological factors*)
3. Skills to initiate and sustain the new behavior
(*ability to take action, physical/emotional factors*)
4. The belief that change is possible & positive
(*emotional or spiritual factors, empowerment*)
5. Supportive changes in community norms
(*society, media, peer, and family factors*)
6. A policy structure that supports behavior change
(*institutional, political, legal, and economic factors*)

1. INFORMATION and SERVICES

- Sexuality information that is culturally relevant, honest, accurate, and balanced
- Information about the consequences of unprotected sexual intercourse and how to protect oneself
- Information about postponement and protection
- Community resources for condoms, dental dams, and needle exchange
- Community resources for survivors of sexual victimization and/or abuse
- Anonymous HIV testing, support groups, and peer education groups

- Seeking a positive outcome (causal)
- Talking with partners, respected adults, and peers
- Testing and/or treatment for HIV
- Using dual method protection
- Making future plans

- To resist peer pressure
- To negotiate safer sex
- To communicate with partner, peers, and parents
- To access services, including testing and treatment

- That abstinence is cool
- That it is okay for young people to enjoy sexual relationships
- That sexual intercourse should be safe and consensual
- That early treatment will make a difference
- That service providers will be helpful and nonjudgmental

- Regarding substance abuse, needle exchange, and condom availability
- Regarding the value and abilities of youth
- Regarding varying cultural, religious, and health beliefs

- Condom and/or contraceptive advertising
- Anonymous HIV testing for teens
- Comprehensive sexuality education in schools
- Research by sub-populations on HIV infection
- Adequate funding for culturally appropriate approaches
- Access to services

Theoretical Models

1. Health belief model

Describes and predicts health behavior in terms of beliefs and perceptions about illness, cost of care, and potential benefits; based on the assumption that a person must believe that he/she will develop a health problem unless action is taken. Main influences on behavior are perceived susceptibility to disease, perceived severity of disease, perceived costs and benefits of taking preventive action, perceived barriers to action, and cues to action.

2. Social cognitive behavioral model

Emphasizes the effect of the social environment, thoughts, and beliefs on behavior. Stresses that learning takes place through the synthesis of environmental factors, thoughts, and beliefs. The most prominent concept of this theory is self-efficacy – a belief that a person has the ability and capacity to affect his/her own environment, including behavior.

3. Cognitive dissonance theory

States that knowledge may be inharmonious with the actions a person takes, inconsistency may exist between behavior and beliefs. Dissonance may arise from cultural mores, specific opinions, or past experience.

4. Stages of change model

Asserts that a person may go through a sequence of stages when attempting to change a behavior: pre-contemplation, contemplation, decision, action, and maintenance. At each stage of change, different intervention approaches will be needed.

5. Social learning theory

Explains and predicts behavior through key concepts such as incentives and outcome expectations; predicts that change is a function of expectations; a key aspect is learning by imitation; another is the concept of self-efficacy—believing that one has the power to affect one's environment, including behavior and health.

6. Theory of reasoned action

Assumes that intentions are the most immediate influence on behavior; emphasizes the role of personal intention in determining whether or not a behavior will occur; people's intentions are influenced by attitudes and subjective norms or perceptions of social pressures.

Prevention Messages

Purpose: To ensure that all members of the group have a unified understanding of the messages and skills they want to communicate to their peers

Materials: Newsprint and markers

Time: 40 minutes to two hours

Procedure: The TAP coordinator facilitates the discussion. This is a brainstorming activity in which the TAP members throw out ideas about possible prevention messages without evaluating them. After the list is formed, the group evaluates each idea. At the end of the exercise, the group should come to consensus on the HIV/STI prevention messages and skills that they want to communicate to their peers. These messages can serve as a proclamation for the group or as a set of policies that the group endorses, which can then be photocopied and used as an educational tool. The following two lists are examples of possible responses. They are not exhaustive nor do they necessarily reflect what each TAP group will generate.

Possible Messages

- You're important, protect yourself.
- "Cool" people don't have to have sex or use drugs.
- It's not who you are, it's what you do.
- Condoms can be fun.
- Anyone – male or female – can carry condoms.
- Don't share needles.
- Teens can get HIV too.
- Cover yourself. Use a condom.
- Stop the madness. Learn about HIV/AIDS.

Possible Skills to Build

- How to say, “No,” without hurting someone else or feeling like a nerd
- How to find and get a condom
- How to use a condom
- How to negotiate the use of a condom with a sexual partner
- How to “clean” injecting drug paraphernalia (works)
- Where to get HIV testing information and counseling
- How to resist peer pressure.

Social Marketing

Purpose: To learn how to tailor an HIV/STI prevention program so it is effective with a specific audience

Materials: Newsprint and markers

Time: 50 minutes

Planning Notes: Social marketing uses many of the tools of commercial marketing – such as audience research, exchange theory, competition theory, and creative promotional strategies – to encourage specific audiences to voluntarily adopt practices that benefit both the individual and society. Social marketing takes into account social norms, beliefs, and attitudes, while focusing on understanding how and why people behave as they do and creating exchange relationships to influence those behaviors.

During this activity the group is going to brainstorm possible social marketing projects. Remind them, that at least for now, these are just ideas. However, if an idea really grabs a group of young people, encourage them to take the beginning steps towards its implementation.

Divide one piece of newsprint into two columns. Label one column *Product*, and the other *Price*. Label other sheets of newsprint *Price Reduction*, *Possible Channels*, *Possible Locations*, and *Possible Partners*. Place the sheets where everyone can see them. You will write the TAP members' ideas on the sheets as they brainstorm.

Procedure:

1. Introduce the activity to the group by noting that they have received lots of information on HIV/STI prevention, and have developed messages to communicate this to their peers. It is time to begin developing ways to get those messages out to their peers. The question is, how?
2. Have the group list behaviors that teens should change or maintain to promote HIV/STI prevention – such as correct and consistent condom use or ways to negotiate safer sex. Write all these ideas in the column labeled *Product*. Explain to the group that these are the behaviors that their program may affect, just as a commercial advertising campaign would affect the behavior of consumers.
3. Next, ask the group to brainstorm all the costs associated with each product. For example, one cost of condom use is the monetary cost of the condom itself. Another cost might be the embarrassment of buying condoms or the embarrassment of talking about safer sex. Record these responses in the Price column. These are the barriers to reducing risky behaviors.
4. Discuss ways to reduce the price of these behaviors. Can the TAP group take steps to help reduce or eliminate these barriers? Record responses on another piece of newsprint labeled *Price Reduction*.
5. Ask the group to brainstorm a list of channels or methods and places through which teens can or do receive information. Then together evaluate which of the items on the list allow the TAP group to reach the largest number of teens in their target audience and through which teens are most likely to be responsive to the messages that the group communicates. Below are some possibilities to stimulate teens' ideas.

[illegible]

Possible Channels

- Friends
- Teachers
- Videos
- Radio
- TV
- Movies
- Theater
- Posters
- Tee shirts
- Assemblies
- Health clinics
- Doctors/nurses
- Advertisements – on radio, TV, public transportation
- Hotlines
- Buttons
- Bumper stickers

Possible Locations

School

- Cafeteria
- Lockers/hallways
- Outside grounds
- Homecoming

Community

- Restaurants
- Athletic events
- Malls
- Playgrounds/Parks
- Parades
- Youth centers
- Church, mosque, synagogue, etc.
- Music concerts
- Stores

6. Brainstorm possible partners who can help the TAP group implement its HIV/STI prevention projects.

Possible Partners

- Science teachers
- Health teachers
- Local AIDS organizations
- Local newspapers
- TV
- YMCA/YWCA
- Communities of faith
- Police department
- Local family planning or STI clinics
- Local businesses

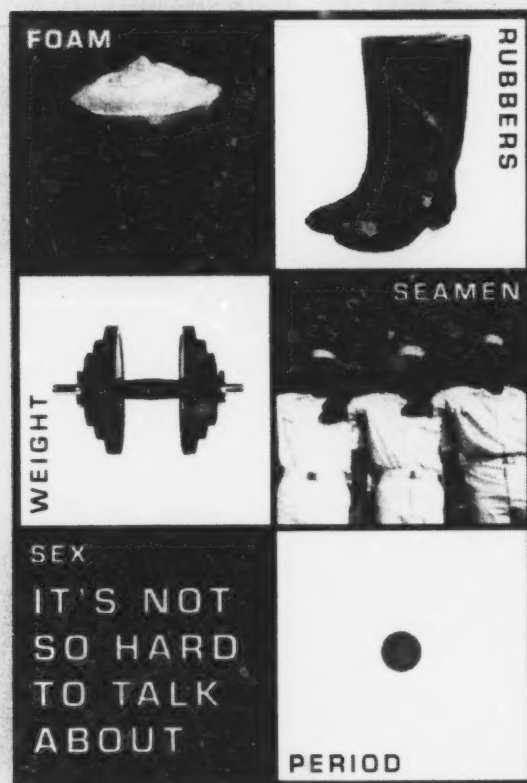
7. Using these lists, brainstorm projects and activities that the TAP group can undertake to best reach the teens in the community. Write down all the ideas on a new sheet of newsprint.

8. As a group, discuss each idea using the following questions.

- Does the suggested activity fit the needs of the group you are trying to reach?

Youth Developing Activities to Educate Their Peers

- Will the audience listen?
- Is the message credible and appealing?
- Does the TAP group have the resources and skills it needs to do this activity?
- Will other community agencies/businesses provide the resources that TAP needs to make this idea work?
- What steps will the group need to take to implement this project?



RESPECT YOUNG PEOPLES' RIGHT TO BE RESPONSIBLE

Support Comprehensive Sexuality Education
Become an Advocate for Youth
www.rightsrespectresponsibility.org



Developing Working Groups and a Plan

Purpose: To help organize the TAP members into working groups in which they will develop and plan their educational activities

Materials: A copy of the *Activity Planning Sheet* and *Examples of Activities* handouts for each TAP member, paper, and pens/pencils

Time: 90 minutes

Procedure: Ask each YAP member to take out a piece of paper and write down his/her skills and interests. (For example, I write well. I like to act and enjoy drawing. I play soccer. I teach toddlers in Sunday school.) Ask each member to write his or her name on the list and collect all the lists. Using the lists, place youth with similar interests in small working groups. Within these smaller groups, the teens can develop one or more activities.

The working groups should meet while developing and implementing the activities. Encourage them to plan their activities ahead of time in an organized way. Ask each working group to fill out an *Activity Planning Sheet* handout by the next meeting. Give each TAP member a copy of the *Examples of Activities* handout. The TAP coordinator should review the plan with each working group and provide direction and feedback to strengthen the plans when appropriate. The working groups should then present their ideas to the entire group for further discussion and recommendations.

BEST COPY AVAILABLE

Examples of Activities

Here is a list of activities that the TAP pilot-test groups completed or that other peer groups have developed. They may serve as ideas for your group. Be sure that activities are well planned before they are implemented. Well thought-out logistics will lead to success, while lack of prior planning may result in unsuccessful activities that make the group feel or look bad. Think of it as the Six P's to Success – **Proper Prior Planning Prevents Poor Performance**.

Buttons

Teens at Ballou and Wilson senior high schools in Washington, DC, developed buttons with HIV/STI prevention messages to give to their friends and acquaintances. The buttons served as an informal medium for the TAP members to communicate about HIV/AIDS. The buttons said:

- *Just Say Know*
- *Teens for AIDS Prevention*
- *Ballou Says Stop the Madness*
- *Learn About AIDS*
- *Cover Yourself* (with a picture of a condom)

Bulletin Boards

At Wilson Junior High School, teens covered a bulletin board located in a busy hallway with the latest articles on HIV and AIDS from newspapers and magazines. They regularly added posters and HIV/STI prevention messages as well as hotline numbers for additional information. They posted some of the most commonly asked questions and answers about HIV and STIs and gathered information for the bulletin board during TAP training.

Advertisements/Posters

Posters Student members of TAP at Wilson and Ballou – working with a Washington, DC, public relations firm (hired by Advocates for Youth) – developed an advertisement. It was placed in six District of Columbia high school newspapers. TAP students can develop advertisements of their own and list contact information for local HIV/STI prevention programs and AIDS service organizations.

Posters, like advertisements, present a visual prevention message. Encourage TAP members to design and draw posters that incorporate the latest slang or street lingo. Place the posters in school hallways, community bulletin boards, local record stores, and fast food restaurants wherever youth hang out. Or, encourage the TAP members to sponsor a poster contest and ask local merchants to donate prizes. See the example of a campaign poster from Advocates for Youth (handout from Session 15), designed to promote communication about sexuality.

Assemblies

Bringing together large numbers of youth can be an effective way to draw attention to the issue of HIV/STI prevention. Assemblies can be extremely powerful if a person living with HIV or AIDS (particularly a person who was infected as a teenager), speaks from his or her personal experience. Contact the National Association of People with AIDS at 202.898.0414 or online at <http://www.napwa.org> for the telephone number of a nearby affiliate that, in turn, can provide a speaker.

[illegible]

At the same assemblies, the TAP group may want to sponsor a Teen Speak Out to encourage teens to discuss why they feel it is important for teens to think about HIV and avoid risk behaviors. Entertainment, such as theater skits or music contests, can also excite and interest an audience to learn more about HIV/STI prevention.

Classroom-style ideas – such as Q & A sessions – provoke the best response when put on as workshops. Smaller gatherings of teens also are more likely to produce active and interesting question and answer sessions.

Videos and movies can provide information to supplement personal information provided by the teens. If you are showing a video to more than 40 youth, make sure to have more than one monitor. The video will be ineffective if all the youth cannot see or hear it well.

Theater Skits

Skits provide a useful medium for opening up discussion about teens' feelings about HIV and other STIs, including feelings of invulnerability, homophobia, and confusion about becoming an adult.

Both Wilson and Ballou TAP students developed skits and performed them at school assemblies. The skits dealt with the misinformation many youth have about HIV/STI. Other themes that can be developed in skits include

- How to say “no” to having sexual intercourse when it is not right for you
- How to talk about condoms with a partner
- How to handle peer pressure to use drugs and or have sexual intercourse
- How to cope with other pressures
- Deciding whether or not to get tested for HIV/STI.

Music Contests

For youth who love to write and perform songs, developing one on HIV/STI can be a powerful educational tool. During TAP pilot-testing, TAP members wrote and performed several songs in front of students, teachers, parents, and professionals. Songs can also be performed or played on the radio, a powerful medium for reaching adolescents. The TAP group can sponsor a music contest with prizes donated from local merchants.

Following is a rap song developed by a TAP member. It won first prize in a Washington, DC music contest.

Stupid Cupid

by Alexander, Ballou Senior High School, Washington, DC

Stupid Cupid's not a name, it's an adjective
That's used to describe the way people live.
Stupid Cupids are boys or maybe girls
And they are spread all over the entire world.
Stupid Cupids are people who like to sleep around
They want to get to know every girl or guy in town.
But sooner or later something bad will happen
And that is the reason that we're here rappin'.

The first Stupid Cupid happens to be a boy
Whose goal in life was just to enjoy.

Sure he went to school, tried to be cool.
But what happened to him made him look like a fool.
He booked at least one girl every day of the month
'Cause he was like a vulture that was on the hunt.
If he ever missed a day he would just ignore it
Booked two the next day to make up for it.
Every chance he got he was hittin' the hay
But he wasn't alone, do you hear what I say?
He had all kinds of girls from all kinds of races
And went to the clinic on a regular basis.
One time he went and the doc told him
That he had STD and chance was slim.
But even with slim chances he was cured
But only by luck you can be assured.

So in a couple of days Stupid Cupid was back
And of course he had to keep up with his act.
But once again, he was feeling wrong
And went back to the doctor quick and strong
The doc told him because he got laid
He's acquired the disease we call AIDS.
I'm going to be straight with you no lie,
There is no cure so you just might die.
So in six years his debt was paid.
Because this Stupid Cupid just died of AIDS.

Stupid Cupid died because of AIDS.
But you can catch AIDS from more ways than getting laid.
IV drugs and blood transfusions,
But lately the doctors check the blood they're using.
The biggest way to catch AIDS is sexual acts
With so many people that you can't keep track.
So if you want to have sex you should have it with one.
But it would be better if you had it with none.
Cause every time you drop your pants,
You're taking a chance.
So remember to use protection when you want
to dance under the sheets.
But if you didn't get laid, you'd lower your chances
of getting AIDS.

Articles in School, Community, or City Newspapers

Essay Contests The TAP members also can run a local essay contest on HIV and adolescents. TAP members can approach local merchants and ask them to donate prizes for the contest. Announce winners in the local newspaper and plan a special ceremony for them.

Educational materials, such as pamphlets or videos, developed by youth often appeal strongly to other youth. If TAP members draw, design, or write, developing a pamphlet may be just the right activity. If the TAP members like to act and have access to equipment, developing a video about may be just the right activity.

[illegible]

Chapter VII.

Evaluating the Peer Education Program

This chapter provides a step by step guide to planning the evaluation of the TAP program. Some program planners and implementers think of evaluation as the collection of a lot of useless information they will never see again. However, when designed correctly, evaluation becomes a practical tool that provides information about program components that work and do not work – giving a basis for modifying and strengthening the program. Evaluation keeps the program on track, identifies problems, and also makes the program credible to funding sources and supporters in the community. Although evaluation can be quite complex, it need not be difficult. This chapter provides some strategies for conducting simple evaluations, even for those with no previous experience. For those who want or need a more sophisticated program assessment, this chapter offers an overview of where to find more information and a trained evaluator to help. The chapter describes how to plan the evaluation, conduct process and outcome evaluations, and get additional information and technical assistance.

Planning for Evaluation

An evaluation plan should be a part of the overall TAP implementation strategy. Planning for evaluation begins at the same time as planning the program. By now, you should have read Chapters I, II, III, and IV. If you haven't, please read them now. Then, read this chapter before you begin program planning. The objectives set for the TAP program will be the same objectives used to structure the evaluation. Making the objectives specific permits evaluation. Measurable criteria for determining accomplishments, such as numbers and percentages, dates and locations, and the kind of activities involved will also guide evaluation.

Evaluation is a means of discovering the achievements of a program. Evaluation will provide feed-

back on the program's progress and measure the program's impact on the TAP members – the youth trained as peer educators. The following four steps will guide a workable evaluation plan that can be a direct benefit to the TAP program.

Step 1: Review the objectives and decide what to measure.

- Are the program objectives clearly stated?
- Are aspects of the objectives measurable or quantifiable?
- If so, for each objective, how will you know when this objective is met?
- If not, how can the objective be redesigned in order to permit evaluation to see if and when this objective is met?

The answers suggest what you should measure. If an objective does not specify what to measure, consider the objective's purpose in helping to meet program goals. Then reword it so that it specifies what should be measured. For example, if one objective is to increase youth's comfort with condoms and with vocabulary related to sexuality, how will you measure this? If you cannot figure out how to measure an objective, it may need to be reworded or reassessed.

Step 2: Collect measurements (also referred to as information or data). Use simple forms whenever possible, such as field notes and attendance lists. (These are described later in this chapter.) Collect the data when the event or activity actually happens. Many types of information cannot be collected later. For example, to know how many youth attend a TAP presentation, getting a head count at the time is essential. It cannot be done later. In another example, to measure increased knowledge or skill levels, you must have baseline data. Otherwise, there is no way to measure change.

Step 3: Analyze the data collected. Data analysis provides a summary of the information gathered, illustrates the overall activities and program, and permits comparing data from different groups within the target population(s). Use simple forms for analysis, such as counts (frequencies) and percentages. For more complicated comparisons, plan to get help from a trained evaluator.

Step 4: Apply the information. The results of evaluation will highlight areas of the program that are effective and pinpoint aspects that need modification. The practical uses of the results will vary. For example, process results may enable you to assure a funding source that you are on track, while post-test results may encourage you to revisit one activity with the TAP members to increase their skills or knowledge in a particular area. The critical point is to study the results, compare them to expectations as stated in the objectives, and reexamine the programmatic activities. Then institute changes that will improve the TAP program.

- **Process Objective:** Train ten TAP peer educators during ten weekly, two-hour sessions beginning (date);
- **Outcome Objective:** By the completion of the training, TAP members will learn three methods of preventing HIV/STI.

HIV/STI during the program. Without knowing how much they knew before the program, there is no real way to assess how much they have learned during the program.

Strategies for Process and Outcome Evaluations

Process Evaluation

Step 1: Review objectives and decide what to measure. The best way to do this is to select process objectives during the initial program planning stages.

Start with simple ones, like the following:

- Recruit 20 students by September 8 and train them by January 1 to provide TAP peer education activities.
- Hold TAP training for three hours every Monday from 4:00 to 7:00 p.m. in October and November at the Main Street YMCA.
- At the halfway point in the TAP training, survey TAP participants to solicit feedback on the content and the pace of training.

Step 2: Collect measurements. Collecting information need not be burdensome if appropriate systems are planned ahead of time. Prepare tools or systems and designate individuals to be responsible for collecting and storing information.

Develop simple forms to record most of the needed information. Simple, easy-to-use forms, such as the following, will yield useful process evaluation data:

- **Timelines.** Use planning calendars or charts to plot program activities by the week or month and compare the actual timing of activities to the original plan. (See samples in the Appendix.)
- **Attendance sheets.** To learn what works in retaining peer educators in the program, take attendance at each session. Is attendance down after an uninspiring session? Is it down each time at the same sessions? Attendance sheets simplify record keeping and avoid the problems that using stray scraps of paper may cause.
- **Protocols:** Develop simple protocols to standardize information collecting at TAP sessions. The form for field notes, given here, provides a convenient tool for gathering information from individual TAP sessions. Keep forms in one file or notebook. Prepare and keep periodic reports on the progress of the program, also submitting them to a supervisor, if appropriate.
- **Surveys:** To ascertain reactions to specific exercises, develop a short survey to measure participants' satisfaction.

Ask **closed questions** with the answers or response choices. For example, Did you enjoy participating in this exercise? Yes _____ or No _____

Or, ask **open questions** that allow the respondent to give answers in their own way. Open questions

should be used to request general feedback, comments, and suggestions. For example, What suggestions do you have for improving the exercise just completed? _____

Pass the satisfaction survey(s) out after each exercise and after the entire training. Assign responsibility for data collection appropriately. For example, the TAP coordinator can take attendance and fill out field notes after each session while peer educators count participants at each presentation they give and take responsibility for turning in activity forms to the coordinator.

Step 3: Analyze the data collected. Analyzing the data increases the usefulness of the information collected. Process measurements permit comparing expectations to actual program activities. For example, compare field notes with the program plan and record any changes in the plan and the reasons for them. Summarize attendance figures, noting growth or attrition among the TAP members. Compare timelines, work plans, and budget projections to the actual dates, sequence of events, or amounts spent. Pay particular attention to feedback about training exercises as well as to conclusions drawn from group discussions. These can pinpoint areas needing improvement as well as strengths that will help the program grow.

Step 4: Apply the information. Process evaluation can help to strengthen, improve, and redirect the program at any time. Don't wait until the end of the training to learn that the program deviated from the training schedule. Review the original plan frequently to discover how close it is to the actual work being done. Decide what to do about any discrepancies.

For example, suppose that the agency decides that condom use is a key area of training for the peer educators; however, the plan schedules the session on condom use for the final week of training. The training is running about two weeks behind. This is the time to revise the schedule to insure that the TAP members receive the condom use segment. Alternatively, the TAP coordinator can revise some of the exercises to get all the condom information into the remaining training sessions.

Session: _____

Briefly describe the training session or the education session (e.g. place, goal, activities).

Number of trainers present: _____

Number of TAP members present: _____

What worked?

What didn't work?

What needs to be revised to make it more successful?

Other comments/notes:

Outcome Evaluation

Evaluating the effectiveness of the TAP program requires measuring the effect of the program on the participants, particularly their knowledge, attitudes, and behaviors. Outcome evaluation can be more rigorous and can seem more complex than process evaluation, but by using appropriate tools and by incorporating an evaluation strategy when the program is planned, the evaluation can run smoothly. Use a simple plan when the TAP coordinator, TAP members, or other existing staff must conduct the outcome evaluation. The following information provides a four-step approach to planning this type of assessment.

Step 1: Review objectives and decide what to measure. As with the process evaluation, objectives for the outcome evaluation should be measurable and derived from the program's goals. Outcome objectives state what the program will do for or with the target population. Outcome objectives involve the immediate or short-term effect on knowledge, attitudes, and behavior of the participants. The objectives for training TAP members normally focus on improving the knowledge and skills of the participants. Examples of outcome objectives for TAP training follow:

- TAP trainees will, during the course of the training sessions, increase their awareness of why adolescence is a high-risk period for exposure to HIV.
- TAP trainees will learn at least three methods of HIV transmission during the TAP program.
- TAP trainees will improve their leadership skills through participation in the program.

Step 2: Collect measurements. Chose methods for collecting information that are appropriate to the experience of the TAP coordinator, the specific program objectives, and resources available to the program. After reviewing the objectives, you may find that the data needed for outcome evaluation will be simple. However, some outcome measures can become complex and require the help of an evaluator.

Testing is a common method of collecting outcome

data. Tests range from short quizzes to broad surveys. Answers to the specific questions should disclose the knowledge, attitudes, behaviors, awareness, and/or skills of respondents. Make sure that the questions mirror the information presented in the same way that a final examination in school tests knowledge of the topics presented during a specific class. Pretests and post-tests are useful for measuring changes in specific knowledge, attitudes, and skills. Some additional methods of gathering process and outcome data include observer notes, interviews, and focus group research.

The objectives listed above can be measured by surveying participants before and after the training. Surveying at both times permits measuring improvements made as a result of participation in the program. In addition, program leaders can observe and record improvement in participants' skills and attitudes.

Step 3: Analyze the data collected. One can conduct data analysis in a variety of ways, depending on the situation. The type of data collected, the ways in which the data will be used, and the depth of information desired will influence the analytic methods used. Evaluators study data in many sophisticated ways. For in-depth analyses, contact a professional evaluator. Fortunately, some simple analytic methods provide a lot of information.

Descriptive Statistics: Count the numbers of presentations, materials distributed, participants, and correct responses received. Counts can be compared to the numbers expected, as listed in the objectives. Summary statistics, such as means, medians, and percentages detail the characteristics of the target population. The summary statistics are easier to understand than actual counts when dealing with large numbers. Moreover, most people are familiar with them.

Targeted Analysis: Sometimes a program will need data on subgroups of the target population. Use the same methods as are used with the entire population. For example, in learning whether males and females have the same information about condoms or whether younger adolescents have the same level of

Written Materials

A variety of books are available on the subject of evaluation. Start with something simple. Many organizations and individuals have developed step-by-step guides to designing evaluation, several specifically in the field of teen pregnancy prevention and/or adolescent sexual health. A few such guides are listed below:

1. Berk RA. *Thinking About Program Evaluation*. Newbury Park, CA: Sage, 1990.
2. Bertrand JT. *Evaluating Information-Education-Communication (IEC) Programs for Family Planning and Reproductive Health: Final Report of the IEC Working Group*. Thousand Oaks, CA: Sage, 1996.
3. Brindis C, Davis L. *Building Strong Foundations, Ensuring the Future [Communities Responding to the Challenge of Adolescent Pregnancy Prevention, v. II]* Washington, DC: Advocates for Youth, 1998.
4. Brindis CD, Korenbrot CC, Brown PL. *Evaluation Guidebook for Family Planning and Information and Education Projects*. San Francisco: Center for Population & Reproductive Health Policy, University of California, 1986.
5. Card JJ. *Handbook of Adolescent Sexuality and Pregnancy: Research and Evaluation Instruments*. Newbury Park, CA: Sage, 1993.
6. Diamond M, et al. *Making Evaluation Part of Your HIV/AIDS Education Plan: Methods and Measures*. Washington, DC: American Red Cross, 1993.
7. Fink A. *Evaluation Fundamentals: Guiding Health Programs, Research, and Policy*. Newbury Park, CA: Sage, 1993.
8. Fitz-Gibbon CT, Morris LL. *How to Analyze Data*. Newbury Park, CA: Sage, 1987.
9. Fitz-Gibbon CT. *How to Design a Program Evaluation*. Newbury Park, CA: Sage, 1987.
10. King JA, Morris LL, Fitz-Gibbon CT. *How to Assess Program Implementation*. Newbury Park, CA: Sage, 1987.

11. McKay EM, Lopez DA. *Evaluating HIV/STD Education and Prevention Programs: an Introduction*. Washington, DC: National Council of La Raza, 1991.
12. Morris LL, Fitz-Gibbon CT, Freeman ME. *How to Communicate Evaluation Findings*. Newbury Park, CA: Sage, 1987.
13. Patton MQ. *How to Use Quantitative Methods in Evaluation*. Newbury Park, CA: Sage, 1987.
14. Philliber S. *Evaluating Your Adolescent Pregnancy Program: How to Get Started*. Washington, DC: Children's Defense Fund, 1989.
15. Stecher BM, Davis WA. *How to Focus an Evaluation*. Newbury Park, CA: Sage, 1987.

Many textbooks are also available. Check with a local college or university library and with the university's social sciences, psychology, or public health departments. Organizations that conduct applied research in the social sciences as well as funding institutions often have simple written materials to guide evaluation planning.

Technical Assistance

If the sponsoring agency does not have staff trained in evaluation, one may find the help needed at a local college or university. Contact the social sciences and/or public health departments to find out if an evaluator, either a professor or a graduate student, can help with the project. The kind and amount of help available will vary but asking early increases the chance of finding help. Often, graduate students are eager for real work experience and will work for fees that are much lower than those normally charged by professional evaluators. Sometimes the TAP coordinator can arrange to let the student use the data for a thesis or dissertation in exchange for the evaluation work.

In addition, a number of organizations may be able to help with different aspects of the evaluation. Check with local youth serving agencies and public health organizations for leads within the community.

[illegible]

Whether working with a graduate student or a seasoned professional, a little preparation will help planners communicate their needs clearly and gain the best results. Start the process in the early stages of program planning to ensure time for consultants to accommodate the request for help. At the minimum, the contact should be made three months in advance of when help will actually be needed.

Be clear about the kind of help needed. When a plan is being developed, someone may be needed to critique it as well as to be available for informal consultation three or four times during the evaluation process. Be clear if you need help in designing the questionnaire, calculating the sample size needed, and/or analyzing data. The evaluator will want to know how much time the project will need. If a planner is

unclear about the steps – and therefore the time required – he/she should have a full discussion of what is wanted from the evaluation at the initial meeting. When planners are vague, and tasks keep getting added on, volunteers may feel compelled to withdraw from the commitment, or paid consultants will need additional funding beyond their initial cost estimates. Finally, publicly and frequently acknowledge the help you receive in all reports to funding sources, the community, the media, and involved agencies.

Advocates for Youth also offers training and technical assistance to groups implementing the TAP program. The staff at Advocates can answer questions about evaluation and can help develop alternative evaluation plans.

Chapter VIII

Taking the Message to the Media

One of the most effective ways to multiply the impact of the TAP program is to generate news coverage. Through the news media, peer educators can carry their message to thousands more young people than they could otherwise reach. Peer educators alert the public to new trends in HIV/STI and garner support for the program and organization.

Many organizations shy away from the media, however, fearing that media exposure will be negative or that working with the media will be too time consuming. These fears are rarely realized.

Although advising the media on how to frame a story does not guarantee that the program's viewpoint will prevail completely, a story is generally better or more balanced because of input from HIV educators. Then too, when one weighs the time spent briefing a reporter against the potential number of people the message may reach, working with media is a highly efficient use of time.

When youth are a part of a program, some adults will feel protective of them and wary about inviting the media to events and meetings. While the TAP coordinator should avoid letting media dominate an event, he/she can carefully select the events and the youth for media coverage. An event, carefully selected and prepared for, can be an important way of expanding the reach and power of the program. Moreover, hearing young voices speaking out on HIV/STI prevention and education is important for both adults and youth. Finally, giving youth opportunities to speak directly with media about important issues empowers young people to become leaders in their own right.

When Should Peer Educators Talk to the Media?

When the Media Call You

Many organizations find that most of their conversations with the media begin when their phone rings. On the other end is a reporter or research assistant who is looking for information or a comment for a story that is already underway. Calls from the press should be routed to one designated press officer who will screen the calls, provide a regular contact person for reporters, set up interviews with appropriate staff, and follow-up on the coverage generated by the contact.

The press officer ascertains the outline of the story the reporter is working on, finds out what the reporter needs, and learns the reporter's deadline. The press officer then lets the reporter know which staff member will call the reporter back or to whom the call is being transferred. For programs with large numbers of staff, directors often speak for attribution (quotes) and other senior staff field questions for background information and statistics. When a reporter represents a major newspaper, television network, or radio program, however, the program's director normally responds to all inquiries, whether for attribution or for background information. When the press officer or other staff has any question as to who should speak with the media, he/she should request time to check with colleagues and assure the reporter that he/she will receive a call shortly. Be sure to determine the reporter's deadline and be sure to call back before the deadline.

Timing is everything when dealing with the media. Respond quickly when a reporter calls. When a reporter is working on a story, an informant has only a small window of opportunity in which to get out information. The deadline determines when the window will close. Sometimes a reporter will call when he/she has a deadline next month or next week. But

- What would the youth have said if he/she were being interviewed?

Encourage youth to analyze the process so that, when they prepare for interviews, they plan their comments knowledgeably. Role-play some interviews to accustom youth to answering questions quickly, on the spot. Identify tough questions and discuss ways to handle them. Prepare for a television interview by talking about ways to eliminate the fear of being on camera.

Parents must know about and approve if youth under age 18 are to appear on the local news. Parents' permission is also necessary if photos of young people are to be used for the program's newsletter or publications. Securing this permission can be a routine part of running the program. (See sample form at the end of this section. Because the language of the form is somewhat legalistic, a clear, unambiguous memo or note should accompany it, spelling out in plain language what is being asked and what uses are anticipated for the interviews or photos.)

When There Is Something to Add

Suppose that a story appears in the news about which the program was not called but which is relevant to the program. Is it too late? Not necessarily.

Reporters generally gather more information than appears in one story. If the original story did not include the information, the TAP coordinator may be able to make a plausible case for a follow-up story. If the initial story is about an HIV/STI prevention program in another school, tell the reporter what this group is doing differently in this school. If it's about peer education for drug abuse prevention, talk about peer education for HIV/STI prevention. If the topic is HIV/STI prevention among college students, talk

about similar efforts with high school or junior high school students. Even if a follow-up story is not possible now, the reporter may be assigned to future stories on the issue, so it's well worth alerting him/her to the program for future reference, and inviting him/her to come to a meeting or event.

When to Take Exception

If a story on the issue does not fairly represent the facts, contact the reporter or write a letter to the editor. Exercise judgment and restraint in this process. Avoid criticizing the reporter's abilities or good faith and make it clear that the purpose is to set the record straight.

If you feel you have been misquoted, contact the reporter and his/her editor. Do not insult or cut off relations with the reporter, since that reporter will most likely be assigned to similar stories in the future.

When There Is Something To Say

To make the news, action must generally accompany talk. Breaking news offers an exception. When a news story is breaking on the issue of HIV/STI prevention or AIDS, one can sometimes get information and/or opinions into the story by phoning or faxing a two or three sentence response to the assignment desk or the reporter covering the story. This also signals your availability for an interview on the subject. For example, if the state passes a bill mandating HIV/STI prevention programs in all middle schools, issue a brief statement reflecting your perspective on how important such programs are, what components they should contain, and how many young people in the area are in need of such programs.

How Else to Communicate with the Media?

Some standard methods exist for approaching the media with news. The most common is distributing a news release or a news advisory. In a small town this may be enough. In a major city, follow up with phone call.

News Releases

Distribute the news release alone or with additional backup materials. Deliver it by fax, fax broadcast, messenger, or mail, or pass it out at a news conference or briefing. However it is distributed, the release should follow these rules:

- **Keep it to one or two pages.**
- **Cover the essential facts: who, what, when, where, why, and how.** The reporter should be able to use the release as an easy guide to the news it presents.
- **Use quotes from a spokesperson to frame and interpret the facts.**
- **Indicate clearly whether the news in the release is available for immediate release or is embargoed until a specified date.** Reporters don't want to be scooped by their competitors. A release date establishes rules for everyone. Don't break the rules and give one reporter the okay to go ahead earlier unless the media outlet is of such high caliber that it is worth the risk of alienating other reporters.
- **Give reporters plenty of notice.** The release usually arrives when reporters are in the middle of other stories. Unless it's potential page one news, assignment editors will either ignore the story or give it briefer coverage than it might have received with more advance notice. If all the details aren't ready far enough ahead of time, issue an advisory to at least alert news editors that a news story will be coming in a few days.
- **Include the name and phone numbers of one or more contacts who will be available to comment or locate others for comment in the period before the release date.** If the release date is on a weekend or a Monday, provide home and office numbers or make arrangements to regularly retrieve and follow-up on messages left on voice mail.

News Advisory

In announcing an event or a news briefing, use an advisory. An advisory can also be used to announce a speech or testimony at hearing or other public forum. This is a simple one-page document that invites coverage of the event. The format should be simple and direct, giving a clear sense of what will happen that is of news interest – what is happening, when, where, and how as well as who is participating and why the event is significant. See sample releases and advisories at the end of this chapter.

News Briefing

A news conference or news briefing can be a very efficient way to communicate information to the press. It is especially useful for TV news, because it offers something to film. Briefings should be used sparingly, however, and should be reserved for announcements that cannot be communicated well in a press release. Reporters can work more easily when they have access to their files, phone, fax, and computers, and will not cheerfully give up all that convenience to shuttle around town and scribble notes on a notepad unless the event is clearly worth the trouble. When possible, schedule the briefing in a location convenient to reporters, such as a city press club or other easily accessible location. A briefing on the issue(s) the program addresses – with experts from other parts of the community – may be interesting to the media. A news briefing is appropriate for releasing a new report or new statistics. By contrast, announcing major new funding, the program's expansion, or a new program component is probably best done in an advisory.

Letters

Letters to editors, talk show producers, and editorial boards – suggesting interviews or topics to consider – are good ways to raise issues. Also write letters acknowledging good coverage of an issue, when praise is warranted.

you also have rights when giving an interview. Your
have the right to:

- **Answer a question in your own way, in your own words.**
- **Look up statistics, dates, or other details you're not 100 percent sure about.** Don't feel that you need to be a walking encyclopedia of facts and figures. Say, I'll get back to you on that number. Then do so.
- **Be quoted fairly and accurately.** At the conclusion of an interview, particularly a lengthy one, you can ask the reporter to let you know how you will be quoted. You do not have the right to censor a statement, but you can ask to clarify a statement repeated by the reporter that you feel is inaccurate or misleading. You may be turned down, but there's no penalty for asking.
- **Be quoted in context.** Almost everyone says something sometime that sounds completely different from what he or she really means when it is isolated from the context in which it was uttered. While it is important to be careful about what you say, the reporter has an obligation not to distort your statement by selectively quoting you out of context.
- **Have your time respected.** If a reporter is taking more time than you can comfortably give, politely end the discussion. Let him/her know that you have a limited amount of time, that you have a meeting or other obligation, and suggest other sources of information or materials.
- **Not talk to a reporter and refuse an interview.** If a past experience with a particular reporter or media outlet has left you feeling misquoted or unfairly treated, you may not want to risk more unpleasantness. There is no advantage in being misrepresented. If you have issued a news release or invited press coverage of an event, you have some obligation to respond to press inquiries on the subject. You do not have to subject yourself and your program to misquotation, distortion, or sensationalism just because you've issued a press release. When you refuse an interview, be clear

about the reasons. If the problem is a particular reporter, contact his/her editor and calmly explain how and why the reporter lost credibility with you for being fair and accurate. You can ask that another reporter be assigned; however, accept that, in the end, the choice is up to an assignment editor.

Setting realistic expectations is crucial to understanding and evaluating an experience with the press. The best news story will present your side of the story fairly and evenhandedly. It will also present other viewpoints. The media is not your press agent, and coverage will not read like your press release. It may incorporate a main point or points but usually not all of them. It may quote a spokesperson accurately. It can provide an opportunity to educate the larger community about the challenges the program is confronting. It can lay the foundation for greater community awareness and support.

To Whom Do You Talk?

To be most effective in dealing with the press, know whom to call when there is something to say. Identify the assignment editor or simply call the assignment desk of the local newspaper(s), television station(s), and radio network. Get to know the reporters, the columnists, and television correspondents who cover stories about young people, about health issues, and about reproductive or sexual health. Learn the names of editors to whom these reporters are responsible and the reporters who cover your issues. Watch the news pages for chances to respond with a letter to the editor.

Some journalists have a good deal of leeway as to what stories they cover. Sometimes, all such decisions rest with the news assignment desk. Find out what system the local media use and keep the appropriate people informed. Television public service directors and editorial directors are also good contacts, particularly for public affairs programs where a teen spokesperson could be a guest.

[illegible]

Radio is, in many ways, the easiest medium to access. An interview can be conducted from any location with a telephone. Identify news directors and producers of talk shows to whom you will pitch your issue and or program. Radio talk shows, even those at odd hours of the day and night, often have loyal listeners that cannot be reached as effectively through any other medium. Radio is a particularly good medium for reaching a young and mobile audience that tends to listen often. This also makes radio a good medium for interviews with TAP members who may find radio familiar and comfortable.

Sample Press Release

FOR IMMEDIATE RELEASE:

Monday, June 19, 2000

CONTACT: Stacy Simpson

(202) 347-5700

CDC STUDY FINDS KNOWLEDGE OF HIV INFECTION LEADS TO RESPONSIBLE BEHAVIOR

Advocates for Youth Emphasizes Need for Comprehensive Sexuality Education

WASHINGTON, DC (June 19, 2000) Citing a new study by the Centers for Disease Control and Prevention (CDC) that finds that individuals living with HIV take responsible measures to protect their partners once alerted to the infection and counseled on steps to prevent the further spread of the disease, Advocates for Youth's President, James Wagoner, highlights the effectiveness of comprehensive sexuality education in preventing the spread of the deadly virus.

“Young people can be mobilized to combat HIV/AIDS with the most effective weapon we have—prevention. The CDC report reinforces previous research stating that comprehensive sexuality education—which provides information about **both** abstinence **and** prevention tools such as contraception—is the most effective sex education for young people because it causes them to delay sexual activity and to use protection correctly and consistently when they do become sexually active,” said Wagoner of the report, *Adoption of Protective Behaviors Among Persons with Recent HIV Infection and Diagnosis*.

For this reason Wagoner finds particularly disturbing the current Congressional trend of funding abstinence-only-until-marriage education – education that censors information about contraception for the prevention of pregnancy and disease. “Despite the fact that research shows that comprehensive sexuality education works, despite CDC findings that show that the spread of HIV/AIDS can be greatly slowed when young people are educated on prevention techniques, Congress is still denying young people critical information about contraception that could protect their health and save their lives,” said Wagoner.

Wagoner calls on politicians to stop allowing their political agendas to censor sexuality information from teens. "Ignorance is nobody's ally in the era of AIDS. Denying young people critical information about contraception is not only naïve and short sighted, but irresponsible and dangerous," said Wagoner.

Advocates for Youth is a Washington, DC based, nonprofit organization which supports policies that help young people make safe, responsible decisions about their sexual and reproductive health.

Sample Press Release

FOR IMMEDIATE RELEASE:

Wednesday, October 4, 2000

CONTACT: Stacy Simpson

(202) 347-5700

ADVOCATES FOR YOUTH CALLS ON CONGRESS TO RESCIND FUNDING FOR INEFFECTIVE ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

Politicians Jeopardize Teens' Lives with Programs That Don't Work

WASHINGTON, DC (October 4, 2000) Citing a new report released this week by the Office of National AIDS Policy that expresses "grave concern" over the large incentive to "adopt unproven abstinence-only approaches" to sexuality education, Advocates for Youth President, James Wagoner, criticizes congressional politicians for putting "politics before science and personal agendas before the health and lives of American young people."

"Last week, the Institute of Medicine (IOM) called on Congress to rescind funding for ineffective abstinence-only-until-marriage programs. This week, the Office of National AIDS Policy expresses grave concern over these ineffective programs. How many reports must be released, how many lives must be threatened, before politicians will support realistic sexuality education?" questioned Wagoner. "It's ironic that the very politicians charged with protecting American teens from HIV/AIDS are creating policies that block two of the most effective methods of HIV prevention — comprehensive sexuality education and condom availability."

Wagoner calls on Congress to immediately rescind the \$250 million in federal funds allocated to abstinence-only-until-marriage programs and to redirect the funding to programs that are scientifically proven to reduce the risk of HIV/AIDS and other sexually transmitted diseases (STIs).

"It is unacceptable for Congress to continue to fund programs that the premiere scientific organization, among many other leading public health organizations, has found to be unrealistic and ineffective. Congress must act as the research directs and they must do it now. Every day that they delay, another 48 young people contract HIV," said Wagoner.

While abstinence-only-until-marriage education censors information about contraception for the prevention of HIV/AIDS and other STIs, as well as unintended pregnancy, comprehensive sexuality education provides information about both abstinence and contraception. That is why Wagoner finds the current congressional trend of funding abstinence-only-until-marriage programs particularly disturbing. "American youth are contracting HIV at the rate of two per hour, yet Congress continues to dump taxpayer dollars into ineffective programs that deny young people information about contraception that could protect their health and save their lives."

"At a time when nearly half of all new HIV infections occur in those under the age of 25, American teens deserve medically accurate, realistic information about sex. Anything less, in the era of AIDS, is not only naïve and misguided, but also irresponsible and dangerous," concluded Wagoner.

Advocates for Youth is a Washington, DC based national nonprofit organization that creates programs and supports policies that help young people make safe, responsible decisions about their sexual and reproductive health.

Note to Editors and Producers: For more information or to set up an interview with an expert, please contact Stacy Simpson at (202) 347-5700.

Appendix

The appendix includes sources of information that may be useful to TAP program planners and coordinators, Web sites with useful and accurate information for teens, and copies of the tests and forms included in the various chapters of this *Guide to Implementing TAP*.

A. Sources of Accurate Information

1. Web sites and Hotlines

- **Advocates for Youth** –
www.advocatesforyouth.org
- **American Social Health Association** – at
www.ashastd.org
- **CDC National STD & AIDS Hotlines**
1.800.342.2437 or 1.800.227.8922 (English,
24 hours a day, seven days a week);
1.800.344.7432 (Spanish, 8:00 a.m. to 2:00
p.m., seven days a week); or 1.800.243.7889
(TTY; 10:00 a.m. to 10:00 p.m., Monday-
Friday)
- **Centers for Disease Control & Prevention
National Prevention Information
Network** www.cdcnpi.org or call
1.800.458.5231.
- The *Kaiser Daily HIV/AIDS Report*
provides daily updates on HIV/AIDS news
highlighting legislative, political, legal,
scientific, and business developments relat-
ed to HIV/AIDS and providing links to the
full text of articles. If the group has access
to the Internet, read the *Kaiser Daily
HIV/AIDS Report* online at
<http://report.kff.org/aids/hiv/>.
- **United Nations Joint Programme on
HIV/AIDS (UNAIDS)** at www.unaids.org
- **World Health Organization** www.who.int

2. Articles and Research on Youth and HIV:

- Alan Guttmacher Institute. *Sex and America's Teenagers*. New York: The Institute, 1994.
- American Social Health Association. *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?* Research Triangle Park, NC: The Association, 1998.
- Baldo M, Aggleton P, Slutkin G. *Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?* Presentation to the IXth International Conference on AIDS, Berlin, 6-10 June, 1993. Geneva, Switzerland: World Health Organization, 1993.
- Bureau of Indian Affairs, Office of Indian Education Programs. *1997 Youth Risk Behavior Survey of High School Students Attending Bureau Funded Schools*. Washington, DC: The Bureau, 1998.
- Centers for Disease Control & Prevention. *HIV/AIDS Surveillance Report*; updated semi-annually and available online at www.cdc.gov/
- Centers for Disease Control & Prevention. Youth risk behavior survey. *Morbidity & Mortality Weekly Report, CDC Surveillance Summaries*. [published annually]
- Chng CL, Sy FS, Choia ST, et al. Asian and Pacific Islander American HIV community-based organizations: a nationwide survey. *AIDS Education & Prevention* 1995;7:251-263.
- Committee on HIV Prevention Strategies in the United States. Institute of Medicine. *No Time to Lose: Getting More from HIV Prevention*. Washington, DC: National Academy Press, 2000.

- ### B. Organizations Providing Information for Youth at Risk of HIV/STI

1. **Advocates for Youth** utilizes the skills and enthusiasm of young web activists to create communities of gay, lesbian, bisexual, and transgender (GLBT) youth, Latino GLBT youth, HIV-positive youth, young women of color, and peer educators. Its web sites provide online information, assistance, and support.
(www.youthresource.com,
www.ambientejoyen.org, www.youthHIV.org,
www.sistahs.org, and www.youthshakers.org or
phone 202.347.5700)
2. **The Asian and Pacific Islander Wellness Center's** mission is to educate, support, empower and advocate for Asian and Pacific Islander communities particularly Asian and Pacific Islanders living with or at-risk for HIV. (www.apiwellness.org or phone 415.292.3400)
3. The **NAACP** has a principal objective to ensure the political, educational, social and economic equality of minority group citizens of the United States. The NAACP is committed to non-violence and relies upon the press, the petition, the ballot and the courts, even in the face of overt and violent racial hostility. (www.naacp.org or phone 410.521.4939)
4. **The National Association of People With AIDS (NAPWA)** advocates on behalf of all people living with HIV and AIDS in order to end the pandemic and the human suffering caused by HIV/AIDS. NAPWA's web site is devoted to its ongoing mission to educate, inform, and empower all people living with HIV and AIDS. (www.napwa.org or phone 202.898.0414)
5. The **National Council of La Raza (NCLR)** works to reduce poverty and discrimination, and improve life opportunities, for Hispanic Americans. NCLR work towards this goal through two primary, complementary approaches: (1) capacity-building assistance to support and

6. The **National Minority AIDS Council** is the premier national organization dedicated to developing leadership within communities of color to address the challenge of HIV/AIDS. (www.nmac.org or phone 202.483.6622)
7. The **National Native American AIDS Prevention Center's** mission is to stop the spread of HIV and related diseases among American Indians, Alaska Natives, and Native Hawaiians and to improve the quality of life for members of our communities infected and affected by HIV/AIDS. (www.nnaapc.org or phone 510.444.2051)
8. The **National Youth Advocacy Coalition's** mission is to advocate for and with young people who are lesbian, gay, bisexual, or transgender in an effort to end discrimination against these youth and to ensure their physical and emotional well being. (www.nyacyouth.org or phone 202.319.7596)
9. The **U.S.-Mexico Border Health Association** promotes public and individual health along the United States-Mexico border through reciprocal technical cooperation. It focuses its technical cooperation resources on information dissemination on border health issues and the creation of effective networks. (www.usmbha.org or phone 915.833.6450)

C. Funding Sources

- strengthen Hispanic community-based organizations and (2) applied research, policy analysis, and advocacy. (www.ncfr.org or phone 213.489.3428)
6. The **National Minority AIDS Council** is the premier national organization dedicated to developing leadership within communities of color to address the challenge of HIV/AIDS. (www.nmac.org or phone 202.483.6622)
7. The **National Native American AIDS Prevention Center's** mission is to stop the spread of HIV and related diseases among American Indians, Alaska Natives, and Native Hawaiians and to improve the quality of life for members of our communities infected and affected by HIV/AIDS. (www.nnaapc.org or phone 510.444.2051)
8. The **National Youth Advocacy Coalition's** mission is to advocate for and with young people who are lesbian, gay, bisexual, or transgender in an effort to end discrimination against these youth and to ensure their physical and emotional well being. (www.nyaeyouth.org or phone 202.319.7596)
9. The **U.S.-Mexico Border Health Association** promotes public and individual health along the United States-Mexico border through reciprocal technical cooperation. It focuses its technical cooperation resources on information dissemination on border health issues and the creation of effective networks. (www.usmbha.org or phone 915.833.6450)
- ## Funding Sources
- Call the **Foundation Center** in New York City 212.620.4230 or in Washington, D.C. 202.331.1400, or visit <http://fdncenter.org>. The Center can help identify appropriate foundations for the program's area. It also produces *The Foundation Directory*, which provides information on the nation's largest foundations.
 - The local public library's reference desk should be able to provide books listing funding sources and their requirements. *AIDS Funding: A Guide to Giving by Foundations and Charitable Organizations* is published by the Foundation Center. This resource lists over 600 funding sources committed to supporting HIV/STI prevention programs and AIDS service organizations.
 - A short list follows of major foundations that give to HIV/STI prevention programs and AIDS service organizations. Remember that many more organizations than are listed here support HIV/STI prevention programs and AIDS service organizations.
1. **Elton John AIDS Foundation** focuses on funding direct patient care services and HIV prevention education, and often works with the National AIDS fund when providing funding in North America. The Elton John AIDS Foundation can be contacted by phone at 310.535.1775 or online at www.ejaf.org.
 2. **The Gill Foundation** concentrates on gay, lesbian, bisexual, and transgender and HIV/AIDS organizations that are located in Colorado, the non-urban U.S., and national organizations. The Gill Foundation can be contacted by phone at 303.292.4455 or online at www.gillfoundation.org.
 3. **The Ittleson Foundation** funds innovative HIV prevention programs and also has a special interest in funding programs that focus on youth. The Ittleson Foundation can be contacted by phone at 212.794.2008 or online at www.ittlesonfoundation.org.
 4. **The Magic Johnson Foundation** funds community-based HIV education and prevention programs that serve youth in inner-city communities. The Magic Johnson Foundation can be contacted by phone at 888.MAGIC.05 (888.624.4205) or online at www.magicjohnson.org.

Resources

- Evaluation*. Newbury Park, CA: Sage, 1987.
10. King JA, Morris LL, Fitz-Gibbon CT. *How to Assess Program Implementation*. Newbury Park, CA: Sage, 1987.
11. McKay EM, Lopez DA. *Evaluating HIV/STD Education and Prevention Programs: an Introduction*. Washington, DC: National Council of La Raza, 1991.
12. Morris LL, Fitz-Gibbon CT, Freeman ME. *How to Communicate Evaluation Findings*. Newbury Park, CA: Sage, 1987.
13. Patton MQ. *How to Use Quantitative Methods in Evaluation*. Newbury Park, CA: Sage, 1987.
14. Philliber S. *Evaluating Your Adolescent Pregnancy Program: How to Get Started*. Washington, DC: Children's Defense Fund, 1989.
15. Stecher BM, Davis WA. *How to Focus an Evaluation*. Newbury Park, CA: Sage, 1987.

D. Evaluation Resources

13. Patton MQ. *How to Use Quantitative Methods in Evaluation*. Newbury Park, CA: Sage, 1987.
14. Philliber S. *Evaluating Your Adolescent Pregnancy Program: How to Get Started*. Washington, DC: Children's Defense Fund, 1989.
15. Stecher BM, Davis WA. *How to Focus an Evaluation*. Newbury Park, CA: Sage, 1987.

Sample Permission Slip

I, _____, give my permission for my son/daughter
(name of parent/guardian)

_____ (name of student) to participate in the TAP / HIV/STI Prevention

Peer Education program at _____ (agency/school). I understand that

he/she will be learning facts about HIV and other STIs and skills for protecting him/herself and
that he/she will participate in designing an educational campaign for other youth. I understand
that the TAP group will meet on _____ and _____ each week from _____
(days of the week) (time)

yes no I am interested in receiving some HIV/STI prevention materials.

_____ yes _____ no I may be available and willing to drive TAP members to conferences, meetings, or presentations.

TAP Evaluation Survey: Pretest

HIV and AIDS as well as other STIs are serious problems in the United States. We want to find the best ways to teach youth about HIV/STIs. This survey will help us understand what you know and how you feel about HIV and AIDS. Your answers are important. Please answer each question carefully and honestly. Please note that, in this survey, *having sex* means making love, doing it, or having sexual intercourse. *Having sex* means having vaginal, oral, and/or anal intercourse.

Write your answers directly on this survey. Please, do NOT put them on another sheet of paper. Do NOT write your name on this survey. Your answers will be kept confidential, and no one will know how you answered this survey. You will have 15 minutes for this pretest. When you are finished, please come up and put the survey in this box. Remember NOT to write your name on the survey.

Thank you for your help.

Please mark your answers with a check mark or an answer in the appropriate space on the left.

1. Are you male or female?
☐ female
☐ male
2. How old are you?
 years old
3. What is your race?
☐ Asian/Pacific Islander
☐ Black/African-American
☐ Hispanic
☐ Native American
☐ White (non-Hispanic)
☐ Other (please specify)

Please circle your response on the right.

- | | | |
|---|-----|----|
| 4. Can a person get HIV (the virus that causes AIDS) from any of the following? | | |
| a. Going to school with a student who has AIDS or HIV | YES | NO |
| b. Kissing someone who has AIDS or HIV | YES | NO |
| c. Sharing needles or "works" with someone who has AIDS or HIV | YES | NO |
| d. Sharing needles to pierce ears, take steroids, or get tattoos with someone who has AIDS or HIV | YES | NO |
| e. Having sex without a condom with someone who has AIDS or HIV | YES | NO |
| f. Being bitten by mosquitoes or other insects | YES | NO |
| g. Giving blood at a hospital, blood bank or the Red Cross | YES | NO |
| h. Swimming in a pool with a person who has AIDS or HIV | YES | NO |

- | | | |
|--|------|-------|
| 5. You can protect yourself from becoming infected with HIV. | TRUE | FALSE |
| 6. You can tell if a person is infected with HIV by looking at him/her. | TRUE | FALSE |
| 7. Any person who has HIV can give HIV to someone else if the two people have sexual intercourse without using a condom. | TRUE | FALSE |
| 8. HIV can be given to others by someone who is infected but doesn't know he/she is infected | TRUE | FALSE |
| 9. There is a cure for HIV and AIDS. | TRUE | FALSE |
| 10. Having HIV infection is the same thing as having AIDS. | TRUE | FALSE |
| 11. Not having sex can protect you from being infected with HIV. | TRUE | FALSE |
| 12. Many people who have HIV infection are not sick with AIDS. | TRUE | FALSE |

Please circle the number that best shows how strongly you agree or disagree with the following statements.

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree

- | | | | | | |
|--|---|---|---|---|---|
| 13. I would be willing to be in a class with a student who has AIDS or is infected with HIV. | 1 | 2 | 3 | 4 | 5 |
| 14. I would stop being friends with someone because he or she has AIDS. | 1 | 2 | 3 | 4 | 5 |
| 15. I think people with AIDS deserve what is happening to them. | 1 | 2 | 3 | 4 | 5 |
| 16. I am afraid that someday I could get AIDS. | 1 | 2 | 3 | 4 | 5 |
| 17. I think I can protect myself from infection with HIV and from AIDS. | 1 | 2 | 3 | 4 | 5 |

Please write in your answers below. Note that in Question 18, you have a choice – either to write in your answers or to select from the multiple choice answers that follow.

18. List three ways to protect yourself from becoming infected with HIV, the virus that causes AIDS.

OR

Which of the following are effective ways to protect yourself from being infected with HIV? Circle all that apply.

- a. Sexual abstinence (not having sexual intercourse)
- b. Not sharing needles for any reason
- c. Not kissing
- d. Not giving blood (for transfusions)
- e. Not receiving blood (for transfusions)
- f. Not using a public toilet
- g. Not using a public swimming pool
- h. Using a latex condom for every act of sexual intercourse
- i. Avoiding people with HIV infection and AIDS

19. List three ways that HIV is passed from one person to another.

The TAP member agrees to the following:

1. I will attend all regularly scheduled sessions.
2. I will be on time for each session and bring the materials needed.
3. I will visit other places for arranged engagements.
4. I will participate to the fullest in each session.
5. I will serve as a resource to the school or agency for presentations that will help train new peer educators.
6. I will not discuss the personal information I learn about other TAP members or that other youth confide to me because I am a peer educator. If I have a question about something someone has told me in confidence, I will discuss it with the TAP coordinator without disclosing the identity of the person who told me.
7. I will talk about the program and what the program has taught me with newspapers, radio, and/or TV representatives who express an interest in the program.
8. I will learn with an open mind and respect the ideas of others, even if they are different from my own.
9. I will discuss problems, concerns, suggestions, or questions about the program with the TAP coordinator.

1. I will provide factual information and helpful exercises on HIV STI prevention education, sexuality education, and pregnancy prevention.
2. I will be on time for each session and bring the materials required for the activities.
3. I will work to make each session interesting.
4. I will respect the feelings of each member of the group.
5. I will respect the integrity of the group and the group's decisions.
6. I will maintain confidentiality about personal information pertaining to TAP members. If I learn something that I am required by law to report (such as that a TAP member has been injured or abused by someone), I will explain that to the youth.
7. I will answer questions as honestly as possible.
8. I will fairly and honestly evaluate the participation of each TAP member.

My signature below affirms that I understand and agree to the conditions listed above.

TAP Member

TAP Coordinator

Date _____

Date _____

Session 10, Activity C
Leader's Resource
SAMPLE ONLY

Permission Slip

Dear Parent(s) or Guardian,

The youth participating in the TAP peer education program will host a person living with HIV or AIDS (PLWH/PLWA) in the next session. We take this opportunity to have you share any concerns you might have concerning the actual disease and invite you to attend with your young person.

Please sign and return by _____
(date)

Thank You,

has my permission to attend the session with PLWA/PLWH.

does not have permission to attend the session at this time.

Please call me at the following number () _____ between the hours of _____ so we can discuss my concerns.

I will also attend _____ the session.

This survey will help us understand what you have learned and how you feel about HIV and AIDS. Your answers are important in helping us assess the quality of the TAP program. Please answer each question carefully and honestly. Please note that, in this survey, having sex means making love, doing it, or having sexual intercourse. Having sex means having vaginal, oral, and/or anal intercourse.

Write your answers directly on this survey. Please, do NOT put them on another sheet of paper. Do NOT write your name on this survey. Your answers will be kept secret, and no one will know how you answered this survey. You will have 15 minutes for this post-test. When you are finished, please come up and put your test sheet in this box. Remember NOT to write your name on the test sheet.

Thank you for your help.

Please mark your answers with a check mark or an answer in the appropriate space on the left.

1. Are you male or female?

female

male

2. How old are you?

years old

3. What is your race?

Asian/Pacific Islander

Black/African-American

Hispanic

Native American

White (non-Hispanic)

Other (please specify) _____

Please circle your response on the right.

4. Can a person get HIV (the virus that causes AIDS) from any of the following?

- | | | |
|---|-----------|----------|
| a. Going to school with a student who has AIDS or HIV | Yes _____ | No _____ |
| b. Kissing someone who has AIDS or HIV | Yes _____ | No _____ |
| c. Sharing needles or "works" with someone who has AIDS or HIV | Yes _____ | No _____ |
| d. Sharing needles to pierce ears, take steroids, or get tattoos with someone who has AIDS or HIV | Yes _____ | No _____ |
| e. Having sex without a condom with someone who has AIDS or HIV | Yes _____ | No _____ |
| f. Being bitten by mosquitoes or other insects | Yes _____ | No _____ |

- Please circle the number that best shows how strongly you agree or disagree with the following statements.**

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree

- Please write in your answers below. Note that in Question 18, you have a choice – either to write in your answers or to select from the multiple choice answers that follow.

Useful Forms

OR

Which of the following are effective ways to protect yourself from being infected with HIV? Circle all that apply.

- a. Sexual abstinence (not having sexual intercourse)
- b. Not sharing needles for any reason
- c. Not kissing
- d. Not giving blood (for transfusions)
- e. Not receiving blood (for transfusions)
- f. Not using a public toilet
- g. Not using a public swimming pool
- h. Using a latex condom for every act of sexual intercourse
- i. Avoiding people with HIV infection and AIDS.

19. List three ways that HIV is passed from one person to another.

Activity Planning Sheet

Activity _____ TAP members _____

The goal of the activity is to _____

Describe the activity _____

What is/are the main message(s) that the activity will convey?

What skills will the target population learn (if applicable)?

How many youth will the activity reach?

Date this will be implemented _____

Place _____

This activity will be approved by _____

Materials needed

Tasks to be completed	By Whom	By When
-----------------------	---------	---------

Estimated budget

TAP Evaluation Survey: Pretest/Post-test Answers

Knowledge About HIV/AIDS

Please circle your answers.

- | | |
|--|-------|
| 4. Can a person get HIV (the virus that causes AIDS) from any of the following? | |
| a. Going to school with a student who has AIDS or HIV | NO |
| b. Kissing someone who has AIDS or HIV | NO |
| c. Sharing needles or "works" with someone who has AIDS or HIV | YES |
| d. Sharing needles to pierce ears, take steroids, or get tattoos with someone who has AIDS or HIV | YES |
| e. Having sex without a condom with someone who has AIDS or HIV | YES |
| f. Being bitten by mosquitoes or other insects | NO |
| g. Giving blood at a hospital, blood bank or the Red Cross | NO |
| h. Swimming in a pool with a person who has AIDS or HIV | NO |
| 5. You can protect yourself becoming infected with HIV. | TRUE |
| 6. You can tell if a person is infected with HIV by looking at them. | FALSE |
| 7. Any person who has HIV can give HIV to someone else while having sex without using a condom. | TRUE |
| 8. HIV can be given to others by someone who is infected but doesn't know it. | TRUE |
| 9. There is a cure for AIDS. | FALSE |
| 10. Having HIV infection is the same thing as having AIDS. | FALSE |
| 11. Not having sex can protect you from being infected with HIV. | TRUE |
| 12. Many people who have HIV infection are not sick with AIDS. | TRUE |
| 18. List three ways to protect yourself from becoming infected with HIV, the virus that causes AIDS. | |
| a. Abstaining from having sexual intercourse | |
| b. Abstaining from using injection drugs and/or from sharing needles for any purpose | |
| c. Using a latex condom or dental dam consistently and correctly at every act of sexual intercourse | |
| d. Using clean or new needles/syringes consistently at every act of injection drug use. | |

OR

198

